

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

Thomas Massie for Congress

ADDRESS (number and street) ▼

PO Box 821

Check if different than previously reported. (ACC)

Newport

KY

41072

2. **FEC IDENTIFICATION NUMBER** ▼

C C00509729

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

KY

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Broghamer

Signature of Treasurer Kevin Broghamer

[Electronically Filed]

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**Thomas Massie for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	96904.92	175444.36
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	96904.92	175444.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	75097.96	194417.4
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	2465.04
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	75097.96	191952.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	241810.99	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Thomas Massie for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	71204.8	123054.8
(ii) Unitemized .....	8750.12	11739.56
(iii) TOTAL of contributions from individuals .....	79954.92	134794.36
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	16950	40650
(d) The Candidate .....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	96904.92	175444.36
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	53000
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	2465.04
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0	0
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	96904.92	230909.4

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	75097.96	194417.4
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	17000	48000
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	92097.96	242417.4

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	237004.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	96904.92
25. SUBTOTAL (add Line 23 and Line 24).....	333908.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	92097.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	241810.99

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Maureen D. Bessler**

Mailing Address 8 Rosemont Drive

City State Zip Code  
Crestview Hills KY 41017-2214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 21 / 2015**

**Transaction ID : A-CF6903**

Amount of Each Receipt this Period  
**750**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Louis N. Browning**

Mailing Address 77 Edgemont Road

City State Zip Code  
Maysville KY 41056-9149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : A-CF7261**

Amount of Each Receipt this Period  
**2700**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Robert Bulas**

Mailing Address 9020 Whisperinghill Drive

City State Zip Code  
Cincinnati OH 45242-4659

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Professional Radiology Inc. Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 28 / 2015**

**Transaction ID : A-CF7198**

Amount of Each Receipt this Period  
**250**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3700.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John W. Childs**

Mailing Address 165 Sago Palm Road

City: Vero Beach State: FL Zip Code: 32963-3702

FEC ID number of contributing federal political committee: **C**

Name of Employer: J.W. Childs Associates L.P. Occupation: Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2700**

Date of Receipt: **12 / 27 / 2015**

**Transaction ID : A-CF7133**

Amount of Each Receipt this Period: **5400**

Memo Item  
Reattribution/Redesignation requested

**B.** Full Name (Last, First, Middle Initial)  
**John W. Childs**

Mailing Address 165 Sago Palm Road

City: Vero Beach State: FL Zip Code: 32963-3702

FEC ID number of contributing federal political committee: **C**

Name of Employer: J.W. Childs Associates L.P. Occupation: Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2700**

Date of Receipt: **12 / 31 / 2015**

**Transaction ID : A-MCNF123**

Amount of Each Receipt this Period: **-2700**

Memo Item  
Reattribution from spouse

**C.** Full Name (Last, First, Middle Initial)  
**Marlene I. Childs**

Mailing Address 165 Sago Palm Road

City: Vero Beach State: FL Zip Code: 32963-3702

FEC ID number of contributing federal political committee: **C**

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2700**

Date of Receipt: **12 / 31 / 2015**

**Transaction ID : A-MCNF124**

Amount of Each Receipt this Period: **2700**

Memo Item  
Reattribution to spouse

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5400.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**C. Omer Coleman**

Mailing Address 859 Jersey Ridge Road

City Maysville State KY Zip Code 41056-9788

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7225**

Amount of Each Receipt this Period  
**1000**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Charlie C. Coleman**

Mailing Address 10 Stonegate Drive

City Alexandria State KY Zip Code 41001-8500

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7128**

Amount of Each Receipt this Period  
**500**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Robert J. Crookshank**

Mailing Address 3211 English Way

City Prospect State KY Zip Code 40059-8519

FEC ID number of contributing federal political committee. **C**

Name of Employer New Valley Forge Partners Occupation General Counsel

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2015

**Transaction ID : A-CF6904**

Amount of Each Receipt this Period  
**500**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Joseph Drinkwater**

Mailing Address 3039 Eridu Lane

City State Zip Code  
Dover KY 41034-9712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : A-CF6964**

Amount of Each Receipt this Period  
**100**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Amy Fischer**

Mailing Address PO Box 17160

City State Zip Code  
Covington KY 41017-0160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 27 / 2015**

**Transaction ID : A-CF7119**

Amount of Each Receipt this Period  
**2700**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Amy Fischer**

Mailing Address PO Box 17160

City State Zip Code  
Covington KY 41017-0160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 27 / 2015**

**Transaction ID : A-CF7120**

Amount of Each Receipt this Period  
**2700**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5500.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 9 OF 55

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Greg A. Fischer**

Mailing Address PO Box 17160

City State Zip Code  
 Covington KY 41017-0160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Fischer Homes Executive Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7121**

Amount of Each Receipt this Period  
**2700**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Greg A. Fischer**

Mailing Address PO Box 17160

City State Zip Code  
 Covington KY 41017-0160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Fischer Homes Executive Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7122**

Amount of Each Receipt this Period  
**2700**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Henry K. Fischer**

Mailing Address PO Box 17160

City State Zip Code  
 Covington KY 41017-0160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Fischer Homes CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7123**

Amount of Each Receipt this Period  
**2700**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**8100.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Henry K. Fischer**

Mailing Address **PO Box 17160**

City **Covington** State **KY** Zip Code **41017-0160**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Fischer Homes** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 27 / 2015**

**Transaction ID : A-CF7124**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2700**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kimberly D. Fulks**

Mailing Address **708 Woods Road**

City **Argillite** State **KY** Zip Code **41121-8507**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Mark Cox, OD** Occupation **Optician**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : A-CF7194**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jerry H. Glenn Jr.**

Mailing Address **54 Fairway Drive**

City **Southgate** State **KY** Zip Code **41071-3025**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 29 / 2015**

**Transaction ID : A-CF7191**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2700**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ **6400.00**

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roger Hagans Jr.**

Mailing Address 2021 S Lewis Avenue  
Suite 610

City Tulsa State OK Zip Code 74104-5712

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7199**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Robert Warren Heist**

Mailing Address 810 Saint James Avenue

City Park Hills State KY Zip Code 41011-2710

FEC ID number of contributing federal political committee. **C**

Name of Employer Kremer's Market Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : A-CF7175**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Robert Warren Heist**

Mailing Address 810 Saint James Avenue

City Park Hills State KY Zip Code 41011-2710

FEC ID number of contributing federal political committee. **C**

Name of Employer Kremer's Market Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7205**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 4200.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert W. Henderson**

Mailing Address 1169 John Everall Road

City Lancaster State SC Zip Code 29720-8513

FEC ID number of contributing federal political committee. **C**

Name of Employer Nutramax Laboratories Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7224**

Amount of Each Receipt this Period  
 1000

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**John F. Hodgson**

Mailing Address 4900 Dunbar Valley Road

City Fisherville State KY Zip Code 40023-8704

FEC ID number of contributing federal political committee. **C**

Name of Employer UPS Airlines Occupation Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7159**

Amount of Each Receipt this Period  
 250

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Laura Holmes Jost**

Mailing Address 1500 Ocean Drive Apt. 1105

City Miami Beach State FL Zip Code 33139-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer Chandler Management Corp Occupation Real Estate Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : A-CF6875**

Amount of Each Receipt this Period  
 2700

Memo Item

Reattribution/Redesignation requested

Earmarked through Young Americans For Liberty PAC.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A. Young Americans For Liberty PAC**

Full Name (Last, First, Middle Initial)  
Young Americans For Liberty PAC

Mailing Address 3030 Clarendon Boulevard  
Suite 200

City Arlington State VA Zip Code 22201-6518

FEC ID number of contributing federal political committee. **C** C00508739

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10900

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : A-CF6875.e**

Amount of Each Receipt this Period  
 10900

Memo Item  
 Reattribution/Redesignation requested

Earmarked-Original Details. Total Earmarked via this conduit: \$10,900.00. PAC limit not affected.

**B. Laura Holmes Jost**

Full Name (Last, First, Middle Initial)  
Laura Holmes Jost

Mailing Address 1500 Ocean Drive  
Apt. 1105

City Miami Beach State FL Zip Code 33139-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Chandler Management Corp Real Estate Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5400

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : A-CF6876**

Amount of Each Receipt this Period  
 2700

Memo Item

Earmarked through Young Americans For Liberty PAC.

**C. Young Americans For Liberty PAC**

Full Name (Last, First, Middle Initial)  
Young Americans For Liberty PAC

Mailing Address 3030 Clarendon Boulevard  
Suite 200

City Arlington State VA Zip Code 22201-6518

FEC ID number of contributing federal political committee. **C** C00508739

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10900

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : A-CF6876.e**

Amount of Each Receipt this Period  
 10900

Memo Item

Earmarked-Original Details. Total Earmarked via this conduit: \$10,900.00. PAC limit not affected.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Laura Holmes Jost**

Mailing Address 1500 Ocean Drive  
Apt. 1105

City Miami Beach State FL Zip Code 33139-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer Chandler Management Corp Occupation Real Estate Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-MCNF121**

Amount of Each Receipt this Period  
 -2700

Memo Item  
 Redesignation from primary

**B.** Full Name (Last, First, Middle Initial)  
**Laura Holmes Jost**

Mailing Address 1500 Ocean Drive  
Apt. 1105

City Miami Beach State FL Zip Code 33139-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer Chandler Management Corp Occupation Real Estate Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-MCNF122**

Amount of Each Receipt this Period  
 2700

Memo Item  
 Redesignation to general

**C.** Full Name (Last, First, Middle Initial)  
**Paul Jost**

Mailing Address 1500 Ocean Drive  
Apt. 1105

City Miami Beach State FL Zip Code 33139-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer Chandler Management Corp Occupation Real Estate Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : A-CF6873**

Amount of Each Receipt this Period  
 2700

Memo Item  
 Reattribution/Redesignation requested  
 Earmarked through Young Americans For Liberty PAC.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Young Americans For Liberty PAC**

Mailing Address 3030 Clarendon Boulevard  
Suite 200

City State Zip Code  
Arlington VA 22201-6518

FEC ID number of contributing federal political committee. **C** C00508739

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10900

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : A-CF6873.e**

Amount of Each Receipt this Period  
10900

Memo Item  
 Reattribution/Redesignation requested

Earmarked-Original Details. Total Earmarked via this conduit: \$10,900.00. PAC limit not affected.

**B.** Full Name (Last, First, Middle Initial)  
**Paul Jost**

Mailing Address 1500 Ocean Drive  
Apt. 1105

City State Zip Code  
Miami Beach FL 33139-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Chandler Management Corp Real Estate Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : A-CF6874**

Amount of Each Receipt this Period  
2700

Memo Item

Earmarked through Young Americans For Liberty PAC.

**C.** Full Name (Last, First, Middle Initial)  
**Young Americans For Liberty PAC**

Mailing Address 3030 Clarendon Boulevard  
Suite 200

City State Zip Code  
Arlington VA 22201-6518

FEC ID number of contributing federal political committee. **C** C00508739

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10900

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : A-CF6874.e**

Amount of Each Receipt this Period  
10900

Memo Item

Earmarked-Original Details. Total Earmarked via this conduit: \$10,900.00. PAC limit not affected.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Jost**

Mailing Address 1500 Ocean Drive  
Apt. 1105

City Miami Beach State FL Zip Code 33139-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer Chandler Management Corp Occupation Real Estate Investor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-MCNF119**

Amount of Each Receipt this Period  
 -2700

Memo Item  
 Redesignation from primary

**B.** Full Name (Last, First, Middle Initial)  
**Paul Jost**

Mailing Address 1500 Ocean Drive  
Apt. 1105

City Miami Beach State FL Zip Code 33139-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer Chandler Management Corp Occupation Real Estate Investor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-MCNF120**

Amount of Each Receipt this Period  
 2700

Memo Item  
 Redesignation to general

**C.** Full Name (Last, First, Middle Initial)  
**Kurt John Klein**

Mailing Address 1428 Arcady Lane

City Irving State TX Zip Code 75061-7110

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Computer Diagnostics

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : A-CF6957**

Amount of Each Receipt this Period  
 100

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 17 OF 55

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kurt John Klein**

Mailing Address 1428 Arcady Lane

City Irving State TX Zip Code 75061-7110

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Computer Diagnostics

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A-CF7033**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**William M Lowder**

Mailing Address 110 E Center Street # 699

City Madison State SD Zip Code 57042-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : A-CF6972**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William M Lowder**

Mailing Address 110 E Center Street # 699

City Madison State SD Zip Code 57042-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7148**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 2550.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Basil Mattingly**

Mailing Address 201 Edgemont Road

City Maysville State KY Zip Code 41056-9119

FEC ID number of contributing federal political committee. **C**

Name of Employer Clean Energy Renewables Occupation Dir Business Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7166**

Amount of Each Receipt this Period  
 1000

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Connie D. Palarie**

Mailing Address 269 Pebbles Lane

City Quincy State KY Zip Code 41166-8977

FEC ID number of contributing federal political committee. **C**

Name of Employer B.P. Pipeline Occupation Self-Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7183**

Amount of Each Receipt this Period  
 1000

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Tony A. Palarie Sr.**

Mailing Address 269 Pebbles Lane

City Quincy State KY Zip Code 41166-8977

FEC ID number of contributing federal political committee. **C**

Name of Employer B.P. Pipeline Occupation Self-Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7182**

Amount of Each Receipt this Period  
 1500

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ernest M. Pitt Jr.**

Mailing Address 3021 Lucille Street

City Ashland State KY Zip Code 41102-5253

FEC ID number of contributing federal political committee. **C**

Name of Employer Holbrook and Pitt, LLLP Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7265**

Amount of Each Receipt this Period  
 1000

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Bonne W. Pasma**

Mailing Address 424 Rock Springs

City Grayson State KY Zip Code 41143-7469

FEC ID number of contributing federal political committee. **C**

Name of Employer Saminco Inc Occupation Director of Companies

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7204**

Amount of Each Receipt this Period  
 1000

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**D. Brian Richmond**

Mailing Address 21 Ashton Road

City Ft Mitchell State KY Zip Code 41017-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **201.6**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7176**

Amount of Each Receipt this Period  
 201.6

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2201.60**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lauren A Rogers**

Mailing Address 11053 Lopez Ridge Way

City San Diego State CA Zip Code 92121-4133

FEC ID number of contributing federal political committee. **C**

Name of Employer Kyocera, Inc. Occupation Marketing Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : A-CF7000**

Amount of Each Receipt this Period  
 1000

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jennifer L. Runestad**

Mailing Address 11708 Tonkel Road

City Fort Wayne State IN Zip Code 46845-9658

FEC ID number of contributing federal political committee. **C**

Name of Employer Runestad Financial Service Occupation Financial Adviser

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7114**

Amount of Each Receipt this Period  
 1000

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Roger Schroder**

Mailing Address 533 Jefferson Drive

City Ft Mitchell State KY Zip Code 41017-8137

FEC ID number of contributing federal political committee. **C**

Name of Employer Car-Part.com Occupation VP

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : A-CF6968**

Amount of Each Receipt this Period  
 250

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harold Shevers Jr.**

Mailing Address 1172 Riverside Drive

City State Zip Code  
Cincinnati OH 45202-1706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sporty's Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 21 / 2015**

**Transaction ID : A-CF6905**

Amount of Each Receipt this Period  
**1000**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**John R. Sower**

Mailing Address PO Box 453

City State Zip Code  
Frankfort KY 40602-0453

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**201.6**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : A-CF7244**

Amount of Each Receipt this Period  
**201.6**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Paul Thaman**

Mailing Address 5221 Bethany Lane

City State Zip Code  
Burlington KY 41005-8911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Glenwood Electric Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : A-CF7196**

Amount of Each Receipt this Period  
**500**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1701.60**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John E. Toebben**

Mailing Address 952 Rosewood Drive

City Villa Hills State KY Zip Code 41017-1398

FEC ID number of contributing federal political committee. **C**

Name of Employer Toebben Builders Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7125**

Amount of Each Receipt this Period  
 1000

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Matth Toebben**

Mailing Address 541 Buttermilk Pike Suite 104

City Crescent Springs State KY Zip Code 41017-1689

FEC ID number of contributing federal political committee. **C**

Name of Employer Matth Toebben Construction Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7127**

Amount of Each Receipt this Period  
 1000

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William A. Toebben**

Mailing Address 1302 N Bend Road

City Hebron State KY Zip Code 41048-8738

FEC ID number of contributing federal political committee. **C**

Name of Employer Toebben Company Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7126**

Amount of Each Receipt this Period  
 1000

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steve W. Towler**

Mailing Address 2100 Paradise Lane

City Ashland State KY Zip Code 41102-8296

FEC ID number of contributing federal political committee. **C**

Name of Employer Boyd County Fiscal Court Occupation Judge Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7230**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Joel Thomas Trammell**

Mailing Address 1620 Palomino Ridge Drive

City Austin State TX Zip Code 78733-6046

FEC ID number of contributing federal political committee. **C**

Name of Employer Khorus Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : A-CF6849**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Gary Turpanjian**

Mailing Address 580 Silver Spur Road

City Rolling Hills Estates State CA Zip Code 90275-3614

FEC ID number of contributing federal political committee. **C**

Name of Employer New Spark Holdings, Inc. Occupation Controller

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : A-CF6960**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 5650.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 24 OF 55

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nina Turpanjian**

Mailing Address 580 Silver Spur Road

City State Zip Code  
 Rolling Hills Estates CA 90275-3614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self-Employed Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2700

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A-CF7136**

Amount of Each Receipt this Period  
 2700

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Constant Yang**

Mailing Address 915 Highway Avenue

City State Zip Code  
 Covington KY 41011-1022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 201.6

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : A-CF7146**

Amount of Each Receipt this Period  
 201.6

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2901.60

71204.80



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A. Build PAC of The National Association of Home Builders**

Full Name (Last, First, Middle Initial)  
Mailing Address 1201 15th Street NW

City Washington State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7118**

Amount of Each Receipt this Period  
 1000

Memo Item

**B. Duke Energy Corporation PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 550 S Tryon Street

City Charlotte State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7130**

Amount of Each Receipt this Period  
 1000

Memo Item

**C. First Principles Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 901 N Washington Street Suite 700

City Alexandria State VA Zip Code 22314-1535

FEC ID number of contributing federal political committee. **C** C00531822

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7129**

Amount of Each Receipt this Period  
 5000

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jim Jordan for Congress**

Mailing Address 40 N Main Street  
Suite 2160

City Dayton State OH Zip Code 45423-1010

FEC ID number of contributing federal political committee. **C** C00416594

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF7116**

Amount of Each Receipt this Period  
1000

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JustinPAC**

Mailing Address PO Box 2997

City Grand Rapids State MI Zip Code 49501-2997

FEC ID number of contributing federal political committee. **C** C00525717

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7246**

Amount of Each Receipt this Period  
2700

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Reinventing A New Direction - RANDPAC**

Mailing Address PO Box 72598

City Newport State KY Zip Code 41072-0598

FEC ID number of contributing federal political committee. **C** C00493924

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF7203**

Amount of Each Receipt this Period  
5000

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

**A. Transportation Intermediaries Association's PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1625 Prince Street  
Suite 200

City Alexandria State VA Zip Code 22314-2883

FEC ID number of contributing federal political committee. **C** C00335091

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 21 / 2015

**Transaction ID : A-CF6906**

Amount of Each Receipt this Period  
1000

Memo Item

**B. Voter Education**

Full Name (Last, First, Middle Initial)  
Mailing Address 1201 N Orange Street  
Suite 700 # 7427

City Wilmington State DE Zip Code 19801-1186

FEC ID number of contributing federal political committee. **C** C00574681

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 27 / 2015

**Transaction ID : A-CF7132**

Amount of Each Receipt this Period  
250

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

16950.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 10.05
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	<b>Transaction ID : B-E-6924</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 428.1
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	<b>Transaction ID : B-E-6925</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 582.2
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	<b>Transaction ID : B-E-6927</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1020.35
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015	
Mailing Address 4333 Amon Carter Boulevard			Amount of Each Disbursement this Period 582.2	
City Fort Worth	State TX	Zip Code 76155-2605	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Travel		Category/ Type 001	<b>Transaction ID : B-E-6928</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015	
Mailing Address 4333 Amon Carter Boulevard			Amount of Each Disbursement this Period 582.2	
City Fort Worth	State TX	Zip Code 76155-2605	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Travel		Category/ Type 001	<b>Transaction ID : B-E-6929</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015	
Mailing Address 4333 Amon Carter Boulevard			Amount of Each Disbursement this Period 156.1	
City Fort Worth	State TX	Zip Code 76155-2605	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Travel		Category/ Type 001	<b>Transaction ID : B-E-6916</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1320.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 20.84
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	<b>Transaction ID : B-E-6917</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 138.1
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	<b>Transaction ID : B-E-6918</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle International, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Compliance Software	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	<b>Transaction ID : B-E-6853</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	808.94
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B-E-6894</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B-E-7013</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bahama Breeze</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 8160 W Irlo Bronson Memorial Hwy		Amount of Each Disbursement this Period 215.14
City Kissimmee State FL Zip Code 34747-1003	Purpose of Disbursement Food/Beverage 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B-E-6993</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1515.14
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ben Keeling Photography</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015	
Mailing Address 106 E Main Street			Amount of Each Disbursement this Period 420	
City Richmond	State KY	Zip Code 40475-1647	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Photography Service		Category/Type 001	<b>Transaction ID : B-E-6870</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Boone County Republican Party</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015	
Mailing Address 2804 Burnside Drive			Amount of Each Disbursement this Period 750	
City Burlington	State KY	Zip Code 41005-8142	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Event Tickets		Category/Type 001	<b>Transaction ID : B-E-7001</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Broghamer Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015	
Mailing Address 502 Monroe Street			Amount of Each Disbursement this Period 1753.79	
City Newport	State KY	Zip Code 41071-2006	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Compliance Consulting		Category/Type 001	<b>Transaction ID : B-E-6809</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2923.79
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Broghamer Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015	
Mailing Address 502 Monroe Street			Amount of Each Disbursement this Period 1751.16 <input type="checkbox"/> Memo Item <b>Transaction ID : B-E-6844</b>	
City Newport	State KY	Zip Code 41071-2006		
Purpose of Disbursement Compliance Consulting		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Broghamer Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015	
Mailing Address 502 Monroe Street			Amount of Each Disbursement this Period 1757.73 <input type="checkbox"/> Memo Item <b>Transaction ID : B-E-6974</b>	
City Newport	State KY	Zip Code 41071-2006		
Purpose of Disbursement Compliance Consulting		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Bull Feathers</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015	
Mailing Address 410 1st Street SE			Amount of Each Disbursement this Period 185.03 <input type="checkbox"/> Memo Item <b>Transaction ID : B-E-6895</b>	
City Washington	State DC	Zip Code 20003-1819		
Purpose of Disbursement Food/Beverage		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3693.92
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015	
Mailing Address 300 1st Street SE			Amount of Each Disbursement this Period 65.73	
City Washington	State DC	Zip Code 20003-1801	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food/Beverage		Category/ Type 001	Transaction ID : B-E-6893	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015	
Mailing Address 300 1st Street SE			Amount of Each Disbursement this Period 99.37	
City Washington	State DC	Zip Code 20003-1801	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food/Beverage		Category/ Type 001	Transaction ID : B-E-7011	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Chase Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015	
Mailing Address 11 S Grand Avenue			Amount of Each Disbursement this Period 50	
City Fort Thomas	State KY	Zip Code 41075-1721	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Bank Fee		Category/ Type 001	Transaction ID : B-E-6815	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	215.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 11 S Grand Avenue		Amount of Each Disbursement this Period 25 <input type="checkbox"/> Memo Item
City Fort Thomas	State KY	
Zip Code 41075-1721	Purpose of Disbursement Bank Fee	Transaction ID : <b>B-E-6852</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 11 S Grand Avenue		Amount of Each Disbursement this Period 50 <input type="checkbox"/> Memo Item
City Fort Thomas	State KY	
Zip Code 41075-1721	Purpose of Disbursement Bank Fee	Transaction ID : <b>B-E-6865</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 11 S Grand Avenue		Amount of Each Disbursement this Period 25 <input type="checkbox"/> Memo Item
City Fort Thomas	State KY	
Zip Code 41075-1721	Purpose of Disbursement Bank Fee	Transaction ID : <b>B-E-6868</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 11 S Grand Avenue		Amount of Each Disbursement this Period 25 <input type="checkbox"/> Memo Item
City Fort Thomas	State KY	
Zip Code 41075-1721	Purpose of Disbursement Bank Fee	Transaction ID : <b>B-E-6935</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 11 S Grand Avenue		Amount of Each Disbursement this Period 50 <input type="checkbox"/> Memo Item
City Fort Thomas	State KY	
Zip Code 41075-1721	Purpose of Disbursement Bank Fee	Transaction ID : <b>B-E-6984</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 11 S Grand Avenue		Amount of Each Disbursement this Period 25 <input type="checkbox"/> Memo Item
City Fort Thomas	State KY	
Zip Code 41075-1721	Purpose of Disbursement Bank Fee	Transaction ID : <b>B-E-7014</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015		
Mailing Address PO Box 20706			Amount of Each Disbursement this Period 25		
City Atlanta	State GA	Zip Code 30320-6001	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : B-E-6812		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015		
Mailing Address PO Box 20706			Amount of Each Disbursement this Period 725.2		
City Atlanta	State GA	Zip Code 30320-6001	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : B-E-6813		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015		
Mailing Address PO Box 20706			Amount of Each Disbursement this Period 804.2		
City Atlanta	State GA	Zip Code 30320-6001	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : B-E-6862		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1554.40
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 200 <input type="checkbox"/> Memo Item
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	Transaction ID : <b>B-E-6866</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 372.7 <input type="checkbox"/> Memo Item
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	Transaction ID : <b>B-E-6923</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 245.1 <input type="checkbox"/> Memo Item
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	Transaction ID : <b>B-E-6985</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	817.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Enterprise</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>07</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		07		2015
M M	/	D D	/	Y Y Y Y								
10		07		2015								
Mailing Address 600 Corporate Park Drive		Amount of Each Disbursement this Period										
City	State											
Saint Louis	MO	<table border="1"> <tr> <td colspan="5">8.7</td> </tr> </table>	8.7									
8.7												
Zip Code	63105-4204	<input type="checkbox"/> Memo Item										
Purpose of Disbursement	Category/Type	<b>Transaction ID : B-E-6829</b>										
Travel	001											
Candidate Name												
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Enterprise</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>27</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		27		2015
M M	/	D D	/	Y Y Y Y								
10		27		2015								
Mailing Address 600 Corporate Park Drive		Amount of Each Disbursement this Period										
City	State											
Saint Louis	MO	<table border="1"> <tr> <td colspan="5">268.43</td> </tr> </table>	268.43									
268.43												
Zip Code	63105-4204	<input type="checkbox"/> Memo Item										
Purpose of Disbursement	Category/Type	<b>Transaction ID : B-E-6857</b>										
Travel	001											
Candidate Name												
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. FACL</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>09</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		09		2015
M M	/	D D	/	Y Y Y Y								
11		09		2015								
Mailing Address 101 Washington Street		Amount of Each Disbursement this Period										
City	State											
Fredericksburg	VA	<table border="1"> <tr> <td colspan="5">100</td> </tr> </table>	100									
100												
Zip Code	22405-2361	<input type="checkbox"/> Memo Item										
Purpose of Disbursement	Category/Type	<b>Transaction ID : B-E-6890</b>										
Registration Fee	001											
Candidate Name												
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td colspan="5">377.13</td> </tr> </table>	377.13				
377.13						
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					

### SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 55
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial)			Date of Disbursement												
<b>A. FACL</b>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 1</td> <td></td> <td style="text-align: center;">1 6</td> <td></td> <td style="text-align: center;">2 0 1 5</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y	1 1		1 6		2 0 1 5
M M M	/	D D D	/	Y Y Y Y Y											
1 1		1 6		2 0 1 5											
Mailing Address 101 Washington Street			Amount of Each Disbursement this Period												
City State Zip Code Fredericksburg VA 22405-2361			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">3 9 5 0</td> </tr> </table>			3 9 5 0									
3 9 5 0															
Purpose of Disbursement Registration Fee		001	<input type="checkbox"/> Memo Item												
Candidate Name		Category/Type	<b>Transaction ID : B-E-6899</b>												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016													
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													

Full Name (Last, First, Middle Initial)			Date of Disbursement												
<b>B. FACL</b>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 1</td> <td></td> <td style="text-align: center;">2 5</td> <td></td> <td style="text-align: center;">2 0 1 5</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y	1 1		2 5		2 0 1 5
M M M	/	D D D	/	Y Y Y Y Y											
1 1		2 5		2 0 1 5											
Mailing Address 101 Washington Street			Amount of Each Disbursement this Period												
City State Zip Code Fredericksburg VA 22405-2361			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">3 2 5 0</td> </tr> </table>			3 2 5 0									
3 2 5 0															
Purpose of Disbursement Registration Fee		001	<input type="checkbox"/> Memo Item												
Candidate Name		Category/Type	<b>Transaction ID : B-E-6920</b>												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016													
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													

Full Name (Last, First, Middle Initial)			Date of Disbursement												
<b>C. FACL</b>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 1</td> <td></td> <td style="text-align: center;">3 0</td> <td></td> <td style="text-align: center;">2 0 1 5</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y	1 1		3 0		2 0 1 5
M M M	/	D D D	/	Y Y Y Y Y											
1 1		3 0		2 0 1 5											
Mailing Address 101 Washington Street			Amount of Each Disbursement this Period												
City State Zip Code Fredericksburg VA 22405-2361			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">6 5 0</td> </tr> </table>			6 5 0									
6 5 0															
Purpose of Disbursement Registration Fee		001	<input type="checkbox"/> Memo Item												
Candidate Name		Category/Type	<b>Transaction ID : B-E-6932</b>												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016													
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3 9 5 0 . 0 0
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frontier Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015	
Mailing Address PO Box 492085			Amount of Each Disbursement this Period 158	
City Denver	State CO	Zip Code 80249	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : B-E-6913	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Frontier Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015	
Mailing Address PO Box 492085			Amount of Each Disbursement this Period 186	
City Denver	State CO	Zip Code 80249	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : B-E-6914	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. JetBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015	
Mailing Address 6322 S 3000 E Suite G20			Amount of Each Disbursement this Period 238.1	
City Salt Lake City	State UT	Zip Code 84121-6922	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : B-E-6926	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	582.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. JetBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 6322 S 3000 E Suite G20		Amount of Each Disbursement this Period 133.1
City Salt Lake City	State UT Zip Code 84121-6922	
Purpose of Disbursement Travel	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6921</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. JetBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 6322 S 3000 E Suite G20		Amount of Each Disbursement this Period 133.1
City Salt Lake City	State UT Zip Code 84121-6922	
Purpose of Disbursement Travel	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6922</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. JetBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 6322 S 3000 E Suite G20		Amount of Each Disbursement this Period 118.1
City Salt Lake City	State UT Zip Code 84121-6922	
Purpose of Disbursement Travel	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6919</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	384.30
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. JetBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 6322 S 3000 E Suite G20		Amount of Each Disbursement this Period 329.2
City Salt Lake City	State UT Zip Code 84121-6922	
Purpose of Disbursement Travel	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6933</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Kentucky State Treasurer</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 1050 Us Highway 127 S Suite 100		Amount of Each Disbursement this Period 500
City Frankfort	State KY Zip Code 40601-4326	
Purpose of Disbursement Ballot Fee	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6907</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. MailChimp</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 75
City Atlanta	State GA Zip Code 30318-5788	
Purpose of Disbursement Software	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6859</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	904.20
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. MailChimp</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 75 <input type="checkbox"/> Memo Item
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Website Development/Consulting Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-6915
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MailChimp</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 75 <input type="checkbox"/> Memo Item
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Software Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-7202
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 600 Unicorn Park Drive		Amount of Each Disbursement this Period 128 <input type="checkbox"/> Memo Item
City Woburn State MA Zip Code 01801-3376	Purpose of Disbursement Travel Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-6830
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	278.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotels</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015		
Mailing Address 600 Unicorn Park Drive			Amount of Each Disbursement this Period 121.32		
City Woburn	State MA	Zip Code 01801-3376	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Travel		Category/ Type 001	<b>Transaction ID : B-E-6855</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Marriott Hotels</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015		
Mailing Address 600 Unicorn Park Drive			Amount of Each Disbursement this Period 53.36		
City Woburn	State MA	Zip Code 01801-3376	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Travel		Category/ Type 001	<b>Transaction ID : B-E-7153</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Miyako</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015		
Mailing Address 2511 Ritchie Street			Amount of Each Disbursement this Period 61.45		
City Crescent Springs	State KY	Zip Code 41017-1609	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Food/Beverage		Category/ Type 001	<b>Transaction ID : B-E-6854</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	236.13
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Orbitz</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 500 W Madison Street Suite 1000		Amount of Each Disbursement this Period 208.58
City Chicago	State IL Zip Code 60661-2559	
Purpose of Disbursement Travel	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6887</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Paycor Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 40
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Service	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6836</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Paycor Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 40
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Service	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6897</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	288.58
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paycor Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 43.71
City Cincinnati	State OH Zip Code 45203-1734	
Purpose of Disbursement Payroll Service	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-7010</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Ramada Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO Box 4090		Amount of Each Disbursement this Period 215.28
City Aberdeen	State SD Zip Code 57402-4090	
Purpose of Disbursement Travel	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6996</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Ramada Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO Box 4090		Amount of Each Disbursement this Period 257.4
City Aberdeen	State SD Zip Code 57402-4090	
Purpose of Disbursement Travel	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6997</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	516.39
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ramada Inn</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address PO Box 4090		Amount of Each Disbursement this Period 215.28
City Aberdeen	State SD	
Zip Code 57402-4090	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-6998</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2015
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 6
City San Francisco	State CA	
Zip Code 94105-3727	Purpose of Disbursement Credit Card Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-6908</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2015
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 79.63
City San Francisco	State CA	
Zip Code 94105-3727	Purpose of Disbursement Credit Card Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-6909</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	300.91
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 93.63
City San Francisco	State CA	
Zip Code 94105-3727	Purpose of Disbursement Credit Card Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : B-E-6976</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 3.5
City San Francisco	State CA	
Zip Code 94105-3727	Purpose of Disbursement Credit Card Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : B-E-6977</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 398.1
City San Francisco	State CA	
Zip Code 94105-3727	Purpose of Disbursement Credit Card Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : B-E-7262</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	495.23
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 246.42
City San Francisco	State CA Zip Code 94105-3727	
Purpose of Disbursement Credit Card Merchant Fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-7264</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. The Ravenous Pig</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 1234 Orange Avenue		Amount of Each Disbursement this Period 479.23
City Winter Park	State FL Zip Code 32789-4910	
Purpose of Disbursement Food/Beverage	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6980</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 33794.91
City Alpharetta	State GA Zip Code 30022-2481	
Purpose of Disbursement Printing/Postage	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B-E-6902</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34520.56
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 4300.69 <input type="checkbox"/> Memo Item <b>Transaction ID : B-E-7005</b>
City Alpharetta State GA Zip Code 30022-2481	Purpose of Disbursement Printing/Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 6.99 <input type="checkbox"/> Memo Item <b>Transaction ID : B-E-6861</b>
City Chicago State IL Zip Code 60606-7147	Purpose of Disbursement Travel Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Wiley Rein LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 1776 K Street NW		Amount of Each Disbursement this Period 1500 <input type="checkbox"/> Memo Item <b>Transaction ID : B-E-6878</b>
City Washington State DC Zip Code 20006-2304	Purpose of Disbursement Legal Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5807.68
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hans Hoeg</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 1025 1st Street SE Apt. 1006		Amount of Each Disbursement this Period 114.31
City Washington	State DC	
Zip Code 20003-5328	Purpose of Disbursement Car Rental Reimbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-7002</b> Original vendors exceeding reporting threshold itemized as memo transactions.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jennifer N. Krantz</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 2400 Shanmoor Avenue		Amount of Each Disbursement this Period 349.71
City Cincinnati	State OH	
Zip Code 45212-3939	Purpose of Disbursement Political Strategy Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-6871</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jennifer N. Krantz</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 2400 Shanmoor Avenue		Amount of Each Disbursement this Period 2000
City Cincinnati	State OH	
Zip Code 45212-3939	Purpose of Disbursement Political Strategy Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-6892</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2464.02
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20				

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jennifer N. Krantz</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015		
Mailing Address 2400 Shanmoor Avenue			Amount of Each Disbursement this Period 2000		
City Cincinnati	State OH	Zip Code 45212-3939	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Political Strategy Consulting		Category/Type 001	Transaction ID : B-E-6975		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Bernie Kunkel</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015		
Mailing Address 12199 McCoys Fork Road			Amount of Each Disbursement this Period 4000		
City Walton	State KY	Zip Code 41094-9591	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Political Strategy Consulting		Category/Type 001	Transaction ID : B-E-6912		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Bernie Kunkel</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015		
Mailing Address 12199 McCoys Fork Road			Amount of Each Disbursement this Period 2000		
City Walton	State KY	Zip Code 41094-9591	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Political Strategy Consulting		Category/Type 001	Transaction ID : B-E-7015		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. J.R. Reed</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 03 / 2015</b>
Mailing Address <b>41 Madden Street</b>		Amount of Each Disbursement this Period <b>317.4</b>
City <b>Greenup</b> State <b>KY</b> Zip Code <b>41144-6772</b>	Purpose of Disbursement <b>Mileage Reimbursement</b> <input type="checkbox"/> Memo Item	
Candidate Name	Category/Type <b>001</b>	Transaction ID : <b>B-E-6835</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>317.40</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>73492.57</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 55
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Thomas Massie for Congress**

Full Name (Last, First, Middle Initial) <b>A. Republican Party of Kentucky</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address PO Box 1068		Amount of Each Disbursement this Period 15000 <input type="checkbox"/> Memo Item <b>Transaction ID : B-E-6843</b>
City Frankfort	State KY	
Zip Code 40602-1068	Purpose of Disbursement Political Contribution	
Candidate Name <b>Republican Party of Kentucky</b>	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Republican Party of Kentucky</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address PO Box 1068		Amount of Each Disbursement this Period 2000 <input type="checkbox"/> Memo Item <b>Transaction ID : B-E-6867</b>
City Frankfort	State KY	
Zip Code 40602-1068	Purpose of Disbursement Political Contribution	
Candidate Name <b>Republican Party of Kentucky</b>	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17000.00
<b>TOTAL</b> This Period (last page this line number only).....	17000.00