

# 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  
**Ron Barber for Congress**

ADDRESS (number and street) PO Box 57715  
 Check if different than previously reported. (ACC) Tucson AZ 85732

2. **FEC IDENTIFICATION NUMBER** ▼ C00512129 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
AZ 02

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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2016 through M M / D D / Y Y Y Y 07 / 15 / 2016

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 Laura T Almquist

Signature of Treasurer Laura T Almquist [Electronically Filed] Date M M / D D / Y Y Y Y 07 / 15 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**Ron Barber for Congress**

Report Covering the Period: From:   /     To:   /

	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))....	0.00	9433.68
(b) Total Contribution Refunds (from Line 20(d)) .....	-1404.54	2570.22
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1404.54	6863.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2964.27	61386.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3340.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2964.27	58046.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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

**Ron Barber for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	495.00
(ii) Unitemized.....	0.00	8938.68
(iii) TOTAL of contributions from individuals ▶	0.00	9433.68
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	9433.68
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	132.62
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	3340.20
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	422122.30
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	0.00	435028.80

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2964.27	61386.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	-1404.54	2570.22
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	-1404.54	2570.22
21. OTHER DISBURSEMENTS .....	11367.24	580295.89
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	12926.97	644253.01

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12926.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	12926.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12926.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Accurate Word LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2016
Mailing Address 4481 White Plains Ln		Amount of Each Disbursement this Period 1968.50
City White Plains	State MD	
Zip Code 20695-3018	Purpose of Disbursement Printing expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VNTTW9T5B38</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. Accurate Word LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 4481 White Plains Ln		Amount of Each Disbursement this Period 194.95
City White Plains	State MD	
Zip Code 20695-3018	Purpose of Disbursement Printing expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VNTTW9T7119</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. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2016
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 125.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Database	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VNTTW9STR80</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).....	2288.45
<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 6 OF 12	
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 62.50
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Database software and support	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VNTTW9T59Z6</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. Summit Strategy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 1201 1st Ave S Ste 325		Amount of Each Disbursement this Period 250.00
City Seattle	State WA	
Zip Code 98134-1234	Purpose of Disbursement Web/Email expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VNTTW9T5B54</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. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016
Mailing Address 4669 E Broadway Blvd		Amount of Each Disbursement this Period 51.12
City Tucson	State AZ	
Zip Code 85711-3511	Purpose of Disbursement Bank fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VNTTW9T5AX1</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).....	363.62
<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 7 OF 12			
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 11 / 2016</b>
Mailing Address <b>4669 E Broadway Blvd</b>		Amount of Each Disbursement this Period <b>51.38</b>
City <b>Tucson</b> State <b>AZ</b> Zip Code <b>85711-3511</b>	Category/Type	
Purpose of Disbursement <b>Bank fee</b>	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VNTTW9T5AT7</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 13 / 2016</b>
Mailing Address <b>4669 E Broadway Blvd</b>		Amount of Each Disbursement this Period <b>51.18</b>
City <b>Tucson</b> State <b>AZ</b> Zip Code <b>85711-3511</b>	Category/Type	
Purpose of Disbursement <b>Bank fee</b>	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VNTTW9T5AZ7</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 11 / 2016</b>
Mailing Address <b>4669 E Broadway Blvd</b>		Amount of Each Disbursement this Period <b>50.66</b>
City <b>Tucson</b> State <b>AZ</b> Zip Code <b>85711-3511</b>	Category/Type	
Purpose of Disbursement <b>Bank fee</b>	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VNTTW9T7134</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>153.22</b>
<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 8 OF 12			
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Winpisinger &amp; Associates, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016		
Mailing Address 315 Inspiration Ln			Amount of Each Disbursement this Period 128.91		
City Gaithersburg	State MD	Zip Code 20878-5808	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Administrative/Compliance		Category/ Type	Transaction ID : VNTTW9SSWG3		
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. Winpisinger &amp; Associates, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016		
Mailing Address 315 Inspiration Ln			Amount of Each Disbursement this Period 30.07		
City Gaithersburg	State MD	Zip Code 20878-5808	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Administrative/Compliance		Category/ Type	Transaction ID : VNTTW9T5B96		
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.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	Memo Item <input type="checkbox"/>		
Purpose of Disbursement		Category/ Type			
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).....	158.98
<b>TOTAL</b> This Period (last page this line number only).....	2964.27



**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 9 OF 12
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016
Mailing Address PO Box 1242		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : VNTTW9T5B46</b>
City Tucson State AZ Zip Code 85702-1242	Purpose of Disbursement Contribution	
Candidate Name <b>RAUL M GRIJALVA</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07		

Full Name (Last, First, Middle Initial) <b>B. Autism Society of Southern Arizona</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address 2600 N Wyatt Dr		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item <b>Transaction ID : VNTTW9SSWDO</b>
City Tucson State AZ Zip Code 85712-6106	Purpose of Disbursement Donation	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>c. Integrative Touch for Kids</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 5675 N Oracle Rd Ste 3201		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item <b>Transaction ID : VNTTW9T5AE2</b>
City Tucson State AZ Zip Code 85704-3884	Purpose of Disbursement Donation	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<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 10 OF 12			
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. Integrative Touch for Kids</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 5675 N Oracle Rd Ste 3201			Amount of Each Disbursement this Period 150.00
City Tucson	State AZ	Zip Code 85704-3884	
Purpose of Disbursement Donation		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)		<b>Transaction ID : VNTTW9T5AP6</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. January 8 Memorial Foundation</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address PO Box 40355			Amount of Each Disbursement this Period 4000.00
City Tucson	State AZ	Zip Code 85717-0355	
Purpose of Disbursement Donation		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)		<b>Transaction ID : VNTTW9T5AJ4</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Mach 2016</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address PO Box 40114			Amount of Each Disbursement this Period 250.00
City Tucson	State AZ	Zip Code 85717-0114	
Purpose of Disbursement Non-Federal Contribution		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name <b>Mach 2016</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)		<b>Transaction ID : VNTTW9SSWE8</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4400.00
<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 11 OF 12
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 62.50
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Database software and support	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VNTTW9T5A12</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. Re-Elect Barbara LaWall Pima Co. Attorney</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address PO Box 35674		Amount of Each Disbursement this Period 750.00
City Tucson	State AZ	
Zip Code 85740-5674	Purpose of Disbursement Non-Federal Contribution	<input type="checkbox"/> Memo Item
Candidate Name <b>Re-Elect Barbara LaWall Pima Co. Attorney</b>	Category/Type	<b>Transaction ID : VNTTW9T5AG8</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. The Loft Cinema</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address 3233 E Speedway Blvd		Amount of Each Disbursement this Period 1000.00
City Tucson	State AZ	
Zip Code 85716-3933	Purpose of Disbursement Donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VNTTW9T5AM0</b>
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).....	1812.50
<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 12 OF 12	
	<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)  
**Ron Barber for Congress**

Full Name (Last, First, Middle Initial) <b>A. University of AZ College of Social &amp; Behavioral Sciences</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 29 / 2016</b>
Mailing Address 1100 E University Blvd		Amount of Each Disbursement this Period <b>2000.00</b>
City Tucson	State AZ Zip Code 85719	
Purpose of Disbursement Donation	Candidate Name	<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2016</b>
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period <b>128.90</b>
City Gaithersburg	State MD Zip Code 20878-5808	
Purpose of Disbursement Administrative/Compliance	Candidate Name	<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 11 / 2016</b>
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period <b>25.84</b>
City Gaithersburg	State MD Zip Code 20878-5808	
Purpose of Disbursement Administrative/Compliance	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)
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2154.74</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>11367.24</b>