

**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

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

ADDRESS (number and street)

PO BOX 741

Check if different  
than previously  
reported. (ACC)

BATON ROUGE

LA

70821

2. FEC IDENTIFICATION NUMBER ▼

C

C00555474

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

LA

06

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 /

08

D D /

03

Y Y Y Y

2014

through

M M /

09

D D /

30

Y Y Y Y

2014

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 TELLY LOVELACE

Signature of Treasurer

TELLY LOVELACE

[Electronically Filed]

Date

M M /

10

D D /

23

Y Y Y Y

2014

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**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	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))....	136996.18	342991.37
(b) Total Contribution Refunds (from Line 20(d)) .....	2600.00	2600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	134396.18	340391.37
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	96688.28	286241.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	96688.28	286241.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	53751.10	
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) .....	118251.06	

## 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)

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Write or Type Committee Name

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
08 / 03 / 2014

To:

M M / D D / Y Y Y Y  
09 / 30 / 2014

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

38064.01

83873.01

(ii) Unitemized.....

81632.17

237968.36

(iii) TOTAL of contributions from individuals ▶

119696.18

321841.37

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

17300.00

20800.00

(d) The Candidate.....

0.00

350.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

136996.18

342991.37

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(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

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

136996.18

342991.37

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	96688.28	286241.27
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 .....	2600.00	2600.00
(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)).....	2600.00	2600.00
21. OTHER DISBURSEMENTS .....	74.00	399.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	99362.28	289240.27

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16117.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	136996.18
25. SUBTOTAL (add Line 23 and Line 24).....	153113.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	99362.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	53751.10

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DOROTHY J ANNAS****A.**

Mailing Address 2201 CITATION DR

City

DEL VALLE

State

TX

Zip Code

78617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2014

**Transaction ID : SA11AI.16363**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**AVON BABB****B.**

Mailing Address 1500 E COLLEGE WAY STE 468

City

MOUNT VERNON

State

WA

Zip Code

98273

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

**Transaction ID : SA11AI.17419**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**AVON LEE BABB****C.**

Mailing Address 621 SPYGLASS DR

City

EUGENE

State

OR

Zip Code

97401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2014

**Transaction ID : SA11AI.17358**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1075.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

Kimberly Bellissimo

Mailing Address 1155 15th St NW, Suite 410

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Base Connect

Occupation

Marketing Exec

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2014

Transaction ID : SA11AI.13470

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR RICHARD BENNETT

Mailing Address 1694 E HAYDEN AVE

City

HAYDEN

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2014

Transaction ID : SA11AI.16549

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR RICHARD A BERNSTEIN

Mailing Address 18 ROCKLEDGE RD

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

Transaction ID : SA11AI.13760

Amount of Each Receipt this Period

250.00

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

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

1350.00

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

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT E BLEDSOE

A.

Mailing Address S5240 DAMAR PRIVATE DR

City

EAU CLAIRE

State

WI

Zip Code

54701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SA11Al.15517

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

ROBERT E BLEDSOE

B.

Mailing Address S5240 DAMAR PRIVATE DR

City

EAU CLAIRE

State

WI

Zip Code

54701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

268.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : SA11Al.15518

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

ROBERT E BLEDSOE

C.

Mailing Address S5240 DAMAR PRIVATE DR

City

EAU CLAIRE

State

WI

Zip Code

54701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

348.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SA11Al.15519

Amount of Each Receipt this Period

80.00

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

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

173.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ROBERT E BLEDSOE****A.**

Mailing Address S5240 DAMAR PRIVATE DR

City

EAU CLAIRE

State

WI

Zip Code

54701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

388.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Transaction ID : SA11AI.15520

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**ROBERT E BLEDSOE****B.**

Mailing Address S5240 DAMAR PRIVATE DR

City

EAU CLAIRE

State

WI

Zip Code

54701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

441.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.15521

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**MR BAYARD BOSSERMAN****C.**

Mailing Address 304 N 7TH AVE

City

IOWA CITY

State

IA

Zip Code

52245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SA11AI.15453

Amount of Each Receipt this Period

200.00

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

293.00

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



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JOHN L BRANDT****A.**

Mailing Address 2129 12TH AVE E

City  
HIBBINGState  
MNZip Code  
55746FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2014

Transaction ID : SA11Al.15583

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**JOHN L BRANDT****B.**

Mailing Address 2129 12TH AVE E

City  
HIBBINGState  
MNZip Code  
55746FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2014

Transaction ID : SA11Al.15584

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**MS SHIRLEY BROD****C.**

Mailing Address 25 BARCELONA DR

City  
BOULDERState  
COZip Code  
80303FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

Transaction ID : SA11Al.16452

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 84

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR PHILO J BROOKS**

Mailing Address 2237 YOUNGSTOWN LOCKPORT RD

City

RANSOMVILLE

State

NY

Zip Code

14131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

BEST EFFORTS

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		11		2014

Transaction ID : SA11AI.13893

Amount of Each Receipt this Period

200.00

A.

Full Name (Last, First, Middle Initial)

**KEN BROUGHTON**

Mailing Address 2925 RIDGE AVE

City

HEBRON

State

KY

Zip Code

41048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.15016

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

**HAROLD G BROWN**

Mailing Address 1336 WALNUT ST

City

KINGMAN

State

KS

Zip Code

67068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.15933

Amount of Each Receipt this Period

100.00

C.

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

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

400.00

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

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

FOR LINE NUMBER:

PAGE 11 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

HAROLD G BROWN

A.

Mailing Address 1336 WALNUT ST

City

KINGMAN

State

KS

Zip Code

67068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11Al.15934

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

ELIZABETH BRYDEN

B.

Mailing Address 1 W 67TH ST APT 611

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11Al.13736

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

William S. Bundrick

C.

Mailing Address 8712 Glenmora Dr.

City

Shreveport

State

LA

Zip Code

71106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopedic Surgeon

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Transaction ID : SA11Al.13456

Amount of Each Receipt this Period

500.00

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

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

705.00

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

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

FOR LINE NUMBER:

PAGE 12 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

BETSY BURGETT

A.

Mailing Address 1628 MEADOW VIEW DR

City

MEDFORD

State

OR

Zip Code

97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE IDI GROUP

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.17369

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

SUE M CANNON

B.

Mailing Address 6420 W LAKERIDGE RD

City

LAKEWOOD

State

CO

Zip Code

80227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.16442

Amount of Each Receipt this Period

2200.00

Full Name (Last, First, Middle Initial)

JOYCE CARAWAY

C.

Mailing Address 123 ERIN DR

City

KERRVILLE

State

TX

Zip Code

78028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.16318

Amount of Each Receipt this Period

50.00

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

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

2750.00

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

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

FOR LINE NUMBER:

PAGE 13 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

KENNETH E CARMICHAEL

Mailing Address 7916 JEFFERSON RD

City

BROOKLYN

State

MI

Zip Code

49230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.15371

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MRS MARTHA R CASTEEL

Mailing Address 62511 LOCUST RD

City

SOUTH BEND

State

IN

Zip Code

46614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CASTEEL CONSTRUCTION

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SA11AI.15219

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

William H. Clark

Mailing Address 3716 Maplewood Ave.

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		03		2014

Transaction ID : SA11AI.13476

Amount of Each Receipt this Period

2600.00

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

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

3850.00

# **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 84  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>HARROLL CLEMMER</b>			Date of Receipt M M / D D / Y Y Y Y <b>08 / 13 / 2014</b>	
Mailing Address <b>5812 PECAN VALLEY LN</b>			<b>Transaction ID : SA11Al.16216</b>	
City <b>SAN ANGELO</b>	State <b>TX</b>	Zip Code <b>76904</b>	Amount of Each Receipt this Period <b>100.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Occupation <b>BEST EFFORTS</b>		
Name of Employer <b>BEST EFFORTS</b>		Election Cycle-to-Date <b>300.00</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>HARROLL CLEMMER</b>			Date of Receipt M M / D D / Y Y Y Y <b>09 / 30 / 2014</b>	
Mailing Address <b>5812 PECAN VALLEY LN</b>			<b>Transaction ID : SA11Al.16217</b>	
City <b>SAN ANGELO</b>	State <b>TX</b>	Zip Code <b>76904</b>	Amount of Each Receipt this Period <b>100.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Occupation <b>BEST EFFORTS</b>		
Name of Employer <b>BEST EFFORTS</b>		Election Cycle-to-Date <b>400.00</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>MRS JEAN B COE</b>			Date of Receipt M M / D D / Y Y Y Y <b>09 / 15 / 2014</b>	
Mailing Address <b>1919 HWY 35 N PMB 93</b>			<b>Transaction ID : SA11Al.16353</b>	
City <b>ROCKPORT</b>	State <b>TX</b>	Zip Code <b>78382</b>	Amount of Each Receipt this Period <b>50.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Occupation		
Name of Employer		Election Cycle-to-Date <b>250.00</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 84  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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 NAME OF COMMITTEE (In Full)  
**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AUDREY COMRIE</b> Mailing Address 69880 HIGHWAY 395 S  <table style="width: 100%;"> <tr> <td style="width: 33%;">City PENDLETON</td> <td style="width: 33%;">State OR</td> <td style="width: 33%;">Zip Code 97801</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer RETIRED</td> <td style="width: 33%;">Occupation RETIRED</td> <td style="width: 33%;"></td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </td> <td style="width: 33%;">Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">235.00</div> </td> <td style="width: 33%;"></td> </tr> </table>			City PENDLETON	State OR	Zip Code 97801	Name of Employer RETIRED	Occupation RETIRED		Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">235.00</div>		Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 09 / 18 / 2014</div> </div> <b>Transaction ID : SA11Al.17378</b>  Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>	
City PENDLETON	State OR	Zip Code 97801											
Name of Employer RETIRED	Occupation RETIRED												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">235.00</div>												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JAMES G COSTELLO</b> Mailing Address 24 OLD TAPPAN RD  <table style="width: 100%;"> <tr> <td style="width: 33%;">City OLD TAPPAN</td> <td style="width: 33%;">State NJ</td> <td style="width: 33%;">Zip Code 07675</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer COLUMBUS HEMATOLOGY &amp; ONC</td> <td style="width: 33%;">Occupation PHYSICIAN</td> <td style="width: 33%;"></td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </td> <td style="width: 33%;">Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">300.00</div> </td> <td style="width: 33%;"></td> </tr> </table>			City OLD TAPPAN	State NJ	Zip Code 07675	Name of Employer COLUMBUS HEMATOLOGY & ONC	Occupation PHYSICIAN		Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">300.00</div>		Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 08 / 14 / 2014</div> </div> <b>Transaction ID : SA11Al.13652</b>  Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>	
City OLD TAPPAN	State NJ	Zip Code 07675											
Name of Employer COLUMBUS HEMATOLOGY & ONC	Occupation PHYSICIAN												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">300.00</div>												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JAMES G COSTELLO</b> Mailing Address 24 OLD TAPPAN RD  <table style="width: 100%;"> <tr> <td style="width: 33%;">City OLD TAPPAN</td> <td style="width: 33%;">State NJ</td> <td style="width: 33%;">Zip Code 07675</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer COLUMBUS HEMATOLOGY &amp; ONC</td> <td style="width: 33%;">Occupation PHYSICIAN</td> <td style="width: 33%;"></td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </td> <td style="width: 33%;">Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">400.00</div> </td> <td style="width: 33%;"></td> </tr> </table>			City OLD TAPPAN	State NJ	Zip Code 07675	Name of Employer COLUMBUS HEMATOLOGY & ONC	Occupation PHYSICIAN		Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">400.00</div>		Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 09 / 24 / 2014</div> </div> <b>Transaction ID : SA11Al.13653</b>  Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>	
City OLD TAPPAN	State NJ	Zip Code 07675											
Name of Employer COLUMBUS HEMATOLOGY & ONC	Occupation PHYSICIAN												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">400.00</div>												
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">300.00</div>										
<b>TOTAL</b> This Period (last page this line number only) .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>										

# **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 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

DONALD CRAWFORD

A.

Mailing Address PO BOX 3003

City

BLUE BELL

State

PA

Zip Code

19422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		18		2014

Transaction ID : SA11Al.14079

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

John &amp; Talisha Davis

B.

Mailing Address 3829 North Yosemite Drive

City

Baton Rouge

State

LA

Zip Code

70814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exxon Mobil

Occupation

Process Operator

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Transaction ID : SA11Al.13427

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MRS WILMA EDWARDS

C.

Mailing Address PO BOX 2948

City

DEL MAR

State

CA

Zip Code

92014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : SA11Al.16919

Amount of Each Receipt this Period

200.00

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

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

500.00



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

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

FOR LINE NUMBER:

PAGE 17 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

MRS WILMA EDWARDS

A.

Mailing Address PO BOX 2948

City

DEL MAR

State

CA

Zip Code

92014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Transaction ID : SA11Al.16920

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

GENE FISCARELLI

B.

Mailing Address 5020 W MOCKINGBIRD LN

City

MC NEAL

State

AZ

Zip Code

85617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : SA11Al.16648

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

DAVID FRENCH

C.

Mailing Address 303N2568 MAPLE AVE

City

PEWAUKEE

State

WI

Zip Code

53072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Transaction ID : SA11Al.15473

Amount of Each Receipt this Period

250.00

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

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

350.00

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

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

 FOR LINE NUMBER: PAGE 18 OF 84  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
           12       13a       13b       14       15

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 NAME OF COMMITTEE (In Full)  
**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR TED FREY</b> Mailing Address PO BOX 889004  <table style="width: 100%;"> <tr> <td style="width: 33%;">City ATLANTA</td> <td style="width: 33%;">State GA</td> <td style="width: 33%;">Zip Code 30356</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer UNEMPLOYED</td> <td style="width: 66%;">Occupation UNEMPLOYED</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </td> <td style="width: 66%;">Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">241.00</div> </td> </tr> </table>	City ATLANTA	State GA	Zip Code 30356	Name of Employer UNEMPLOYED	Occupation UNEMPLOYED	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">241.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 09 / 22 / 2014</div> </div> <b>Transaction ID : SA11AI.14576</b>  Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">241.00</div>
City ATLANTA	State GA	Zip Code 30356						
Name of Employer UNEMPLOYED	Occupation UNEMPLOYED							
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">241.00</div>							
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR EUGENE FRIEDRICH</b> Mailing Address 229 RUGGLES AVE  <table style="width: 100%;"> <tr> <td style="width: 33%;">City NEWPORT</td> <td style="width: 33%;">State RI</td> <td style="width: 33%;">Zip Code 02840</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer SELF EMPLOYED</td> <td style="width: 66%;">Occupation PROF ENGINEER</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </td> <td style="width: 66%;">Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> </td> </tr> </table>	City NEWPORT	State RI	Zip Code 02840	Name of Employer SELF EMPLOYED	Occupation PROF ENGINEER	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 09 / 02 / 2014</div> </div> <b>Transaction ID : SA11AI.13558</b>  Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
City NEWPORT	State RI	Zip Code 02840						
Name of Employer SELF EMPLOYED	Occupation PROF ENGINEER							
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>							
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL J FUGLE</b> Mailing Address 4815 SHELDON RD  <table style="width: 100%;"> <tr> <td style="width: 33%;">City ROCHESTER</td> <td style="width: 33%;">State MI</td> <td style="width: 33%;">Zip Code 48306</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer PHYSICIAN</td> <td style="width: 66%;">Occupation PHYSICIAN</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </td> <td style="width: 66%;">Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">215.00</div> </td> </tr> </table>	City ROCHESTER	State MI	Zip Code 48306	Name of Employer PHYSICIAN	Occupation PHYSICIAN	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">215.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 09 / 29 / 2014</div> </div> <b>Transaction ID : SA11AI.15296</b>  Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">70.00</div>
City ROCHESTER	State MI	Zip Code 48306						
Name of Employer PHYSICIAN	Occupation PHYSICIAN							
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">215.00</div>							
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div style="border: 1px solid black; padding: 2px; text-align: right;">811.00</div>						
<b>TOTAL</b> This Period (last page this line number only).....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>						

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MS MARGARET GARDELLA**

Mailing Address 67 SPICE BUSH LN

City

MILFORD

State

CT

Zip Code

06461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.13614

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**MRS BETTY GARDNER**

Mailing Address 1572 GOODIN HOLLOW RD

City

NOEL

State

MO

Zip Code

64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.15890

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**MRS BETTY GARDNER**

Mailing Address 1572 GOODIN HOLLOW RD

City

NOEL

State

MO

Zip Code

64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

485.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SA11AI.15891

Amount of Each Receipt this Period

100.00

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

250.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MRS BETTY GARDNER**

Mailing Address 1572 GOODIN HOLLOW RD

City

NOEL

State

MO

Zip Code

64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		25		2014

Transaction ID : SA11AI.15892

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**DARRELL GARNER**

Mailing Address 605 FILBERT CT

City

SAN RAMON

State

CA

Zip Code

94583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WAKAMATSU INS AGENCY

Occupation

INS AGENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.17164

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**DARRELL GARNER**

Mailing Address 605 FILBERT CT

City

SAN RAMON

State

CA

Zip Code

94583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WAKAMATSU INS AGENCY

Occupation

INS AGENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SA11AI.17165

Amount of Each Receipt this Period

25.00

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

175.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DARRELL GARNER**

Mailing Address 605 FILBERT CT

City

SAN RAMON

State

CA

Zip Code

94583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WAKAMATSU INS AGENCY

Occupation

INS AGENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		25		2014

Transaction ID : SA11AI.17166

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**MS LISE M GOGA**

Mailing Address 95-1089 PAEMOKU PL

City

MILILANI

State

HI

Zip Code

96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.17301

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**MR KINGDON GOULD**

Mailing Address 7861 MURRAY HILL RD

City

LAUREL

State

MD

Zip Code

20723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Transaction ID : SA11AI.14122

Amount of Each Receipt this Period

1000.00

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

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

1300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**HELEN GROSS****A.**

Mailing Address 2455 E WOODSTONE DR

City

HAYDEN

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2014

Transaction ID : SA11AI.16551

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**MR LAWRENCE HALL****B.**

Mailing Address PO BOX 728

City

ELIZABETHTOWN

State

KY

Zip Code

42702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

Transaction ID : SA11AI.15027

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**BILL HARRIS****C.**

Mailing Address PO BOX 147

City

PROVO

State

UT

Zip Code

84601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

BEST EFFORTS

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : SA11AI.16577

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

325.00

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

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

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ARLEY R HARTSOCH**

Mailing Address 5505 113TH DR NW

City

RAY

State

ND

Zip Code

58849

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

**Transaction ID : SA11AI.15653**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**DR MARILYN R HASLEY**

Mailing Address 8029 S BRIDGE WAY

City

MAUMEE

State

OH

Zip Code

43537

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

**Transaction ID : SA11AI.15063**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**W Daniel Heinze**

Mailing Address P.O. Box 2429

City

Fredericksburg

State

TX

Zip Code

78624

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		30		2014

**Transaction ID : SA11AI.13432**

Amount of Each Receipt this Period

500.00

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

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

850.00

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

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

ELLA M HELM

A.

Mailing Address 3385 HALLMARK DR SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : SA11AI.14539

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

ELLA M HELM

B.

Mailing Address 3385 HALLMARK DR SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

610.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

Transaction ID : SA11AI.14540

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

TATNALL L HILLMAN

C.

Mailing Address PO BOX 332

City

CHILMARK

State

MA

Zip Code

02535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.13540

Amount of Each Receipt this Period

5200.00

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

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

5350.00



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

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

LYNN P JOHNSON

A.

Mailing Address 349 BURR ST

City

BATTLE CREEK

State

MI

Zip Code

49015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSC

Occupation

JET MECHANIC

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		25		2014

Transaction ID : SA11Al.15356

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR RAY JOHNSON

B.

Mailing Address 6221 E NAUMANN DR

City

PARADISE VALLEY

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : SA11Al.16604

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR RAY JOHNSON

C.

Mailing Address 6221 E NAUMANN DR

City

PARADISE VALLEY

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11Al.16605

Amount of Each Receipt this Period

200.00

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

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

400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MRS FERENC KACSINTA**

Mailing Address 7323 CARTWRIGHT AVE

City

SUN VALLEY

State

CA

Zip Code

91352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

282.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.16864

Amount of Each Receipt this Period

132.01

Full Name (Last, First, Middle Initial)

**James keller**

Mailing Address 18481 Greenbriar Ave

City

Prairieville

State

LA

Zip Code

70769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Coating Systems and Supply, LLC

Coating Sales

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SA11AI.13430

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**MR RONALD W KIEHN**

Mailing Address PO BOX 4152

City

JACKSON

State

WY

Zip Code

83001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : SA11AI.16512

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

732.01

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ROBERT KITTREDGE****A.**

Mailing Address 622 N DARTMOUTH RD

City

SPOKANE VALLEY

State

WA

Zip Code

99206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

Transaction ID : SA11AI.17472

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**ROBERT KITTREDGE****B.**

Mailing Address 622 N DARTMOUTH RD

City

SPOKANE VALLEY

State

WA

Zip Code

99206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2014

Transaction ID : SA11AI.17473

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**ROBERT KITTREDGE****C.**

Mailing Address 622 N DARTMOUTH RD

City

SPOKANE VALLEY

State

WA

Zip Code

99206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.17474

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR H KNAPHEIDE III

A.

Mailing Address PO BOX 7140

City

QUINCY

State

IL

Zip Code

62305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.15799

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR ROY W KNIPPER JR

B.

Mailing Address 19 LAUREL LAKE DR

City

HUDSON

State

OH

Zip Code

44236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SA11AI.15088

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

MR ROY W KNIPPER JR

C.

Mailing Address 19 LAUREL LAKE DR

City

HUDSON

State

OH

Zip Code

44236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.15089

Amount of Each Receipt this Period

300.00

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

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

1500.00

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOSEPH J LA TONA

A.

Mailing Address 9997 BEXLEY DR

City

SACRAMENTO

State

CA

Zip Code

95827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : SA11AI.17270

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

MS MARJORIE R LINDSEY

B.

Mailing Address 10202 DUTCH IRIS DR

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.17070

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR MAX D LINN

C.

Mailing Address PO BOX 945

City

FORT SUMNER

State

NM

Zip Code

88119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER &amp; RANCHER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		25		2014

Transaction ID : SA11AI.16711

Amount of Each Receipt this Period

2600.00

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

2850.00

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

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

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

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. LAURIE J MACKEY**

Mailing Address 4396 WINDLAKE DR

City

NICEVILLE

State

FL

Zip Code

32578

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 RETIRED

 Occupation  
 RET

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2014

**Transaction ID : SA11AI.14651**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. HELEN MALLON**

Mailing Address 50 CHUMASERO DR APT 5B

City

SAN FRANCISCO

State

CA

Zip Code

94132

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 RETIRED

 Occupation  
 RET

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2014

**Transaction ID : SA11AI.17126**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR GERALD K MCCOY**

Mailing Address 6945 W SYRRET AVE

City

PEORIA

State

AZ

Zip Code

85381

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 NONE

 Occupation  
 RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2014

**Transaction ID : SA11AI.13412**

Amount of Each Receipt this Period

1000.00

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

1135.00

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

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR GERALD K MCCOY

Mailing Address 6945 W SYRRET AVE

City

PEORIA

State

AZ

Zip Code

85381

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2014

Transaction ID : SA11AI.16640

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Douglas Allen Miller

Mailing Address 7621 Arlen St.

City

Annadale

State

VA

Zip Code

22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Base Connect

Occupation

Marketing Exec

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2014

Transaction ID : SA11AI.13472

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

William Mills

Mailing Address P O Box 52592

City

Lafayette

State

LA

Zip Code

70505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MPW Properties

Occupation

Owner

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.13428

Amount of Each Receipt this Period

1100.00

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

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

2350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DUNCAN MONTGOMERY**

Mailing Address 15455 HILDING DR SE

City

MONROE

State

WA

Zip Code

98272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2014

Transaction ID : SA11Al.17416

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**DUNCAN MONTGOMERY**

Mailing Address 15455 HILDING DR SE

City

MONROE

State

WA

Zip Code

98272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

Transaction ID : SA11Al.17417

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**MR R MOORE**

Mailing Address PO BOX 334

City

LYNDEN

State

WA

Zip Code

98264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2014

Transaction ID : SA11Al.17410

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

175.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR R MOORE

Mailing Address PO BOX 334

City  
LYNDENState  
WAZip Code  
98264FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		25		2014

Transaction ID : SA11AI.17411

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

George D. Myer

Mailing Address 7835 Wimbledon Ave

City  
Baton RougeState  
LAZip Code  
70810FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Insurance Salesman

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.13467

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

MR JOSEPH L NAULT

Mailing Address 100 VISTA BELLA WAY

City  
NEWNANState  
GAZip Code  
30265FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SA11AI.14564

Amount of Each Receipt this Period

50.00

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

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

430.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR JOSEPH L NAULT**

Mailing Address 100 VISTA BELLA WAY

City

NEWNAN

State

GA

Zip Code

30265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.14565

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**MR JOSEPH L NAULT**

Mailing Address 100 VISTA BELLA WAY

City

NEWNAN

State

GA

Zip Code

30265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.14566

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**EDITH M NOWICKI**

Mailing Address 750 MISSISSIPPI RIVER BLVD S

City

SAINT PAUL

State

MN

Zip Code

55116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2014

Transaction ID : SA11AI.15542

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

195.00

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

 Use separate schedule(s)  
 for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

EDITH M NOWICKI

Mailing Address 750 MISSISSIPPI RIVER BLVD S

City

SAINT PAUL

State

MN

Zip Code

55116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2014

Transaction ID : SA11AI.15543

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

EDITH M NOWICKI

Mailing Address 750 MISSISSIPPI RIVER BLVD S

City

SAINT PAUL

State

MN

Zip Code

55116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.15544

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

EDITH M NOWICKI

Mailing Address 750 MISSISSIPPI RIVER BLVD S

City

SAINT PAUL

State

MN

Zip Code

55116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2014

Transaction ID : SA11AI.15545

Amount of Each Receipt this Period

75.00

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

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

160.00

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROLAND OBERLIN

A.

Mailing Address 5404 HOLLY ST

City

BELLAIRE

State

TX

Zip Code

77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PETRO ENG

Occupation

PETRO ENG

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2014

Transaction ID : SA11AI.16276

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

THOMAS PAAPAS

B.

Mailing Address 4808 S ARDEN AVE

City

SIOUX FALLS

State

SD

Zip Code

57103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

BEST EFFORTS

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2014

Transaction ID : SA11AI.15632

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

THOMAS PAAPAS

C.

Mailing Address 4808 S ARDEN AVE

City

SIOUX FALLS

State

SD

Zip Code

57103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

BEST EFFORTS

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2014

Transaction ID : SA11AI.15633

Amount of Each Receipt this Period

60.00

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

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

260.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 37 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR NELSON PAYNE**

Mailing Address 37119 SABER CT

City

GREENBACKVILLE

State

VA

Zip Code

23356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SA11AI.14265

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**MR NELSON PAYNE**

Mailing Address 37119 SABER CT

City

GREENBACKVILLE

State

VA

Zip Code

23356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.14266

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**MR PAUL PEELER**

Mailing Address 11649 LEOPARD ST STE 3

City

CRP CHRISTI

State

TX

Zip Code

78410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

CPA

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

Transaction ID : SA11AI.16356

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

550.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MRS CATHERINE G PERCY****A.**

Mailing Address 757 HILLSIDE DR

City

SOLVANG

State

CA

Zip Code

93463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

**Transaction ID : SA11AI.17086**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**NANCY POLIVKA****B.**

Mailing Address PO BOX 338

City

LAFOX

State

IL

Zip Code

60147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENGINEER

Occupation

ENGINEER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : SA11AI.15711**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**LLOYD C POND****C.**

Mailing Address 3102 KNUDSEN AVE

City

FARMINGTON

State

NM

Zip Code

87401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		12		2014

**Transaction ID : SA11AI.16701**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

550.00

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

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

LLOYD C POND

A.

Mailing Address 3102 KNUDSEN AVE

City

FARMINGTON

State

NM

Zip Code

87401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.16702

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

RICHARD PUCKETT

B.

Mailing Address 1910 LONGWOOD LN

City

BLOOMINGTON

State

IL

Zip Code

61704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : SA11AI.15774

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

RICHARD PUCKETT

C.

Mailing Address 1910 LONGWOOD LN

City

BLOOMINGTON

State

IL

Zip Code

61704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.15775

Amount of Each Receipt this Period

1000.00

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

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

2100.00

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MS JOAN B RAK**

Mailing Address 972 E CAMINO DIESTRO

City

TUCSON

State

AZ

Zip Code

85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2014

Transaction ID : SA11AI.16658

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**IRWIN RASKIN**

Mailing Address 8735 GRASSY ISLE TRL

City

LAKE WORTH

State

FL

Zip Code

33467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

245.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 05 / 2014

Transaction ID : SA11AI.14744

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**IRWIN RASKIN**

Mailing Address 8735 GRASSY ISLE TRL

City

LAKE WORTH

State

FL

Zip Code

33467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

315.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2014

Transaction ID : SA11AI.14745

Amount of Each Receipt this Period

70.00

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

440.00

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



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

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

William T. Rickert Jr.

A.

Mailing Address 1934 Crisfield

City

Surgarland

State

TX

Zip Code

77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Petro Geo-Services

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2014

Transaction ID : SA11AI.13455

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MS MARY K RIEG

B.

Mailing Address 502 N LATHAM ST

City

ALEXANDRIA

State

VA

Zip Code

22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2014

Transaction ID : SA11AI.14215

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR WALDO N ROBY SR

C.

Mailing Address 20 SURREY DR

City

LAKEVILLE

State

MA

Zip Code

02347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2014

Transaction ID : SA11AI.13526

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN SHILLINGBURG

A.

Mailing Address 4800 FILLMORE AVE APT 603

City

ALEXANDRIA

State

VA

Zip Code

22311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : SA11AI.14218

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

JOHN SHILLINGBURG

Mailing Address 4800 FILLMORE AVE APT 603

City

ALEXANDRIA

State

VA

Zip Code

22311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.14219

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

JOHN SHILLINGBURG

Mailing Address 4800 FILLMORE AVE APT 603

City

ALEXANDRIA

State

VA

Zip Code

22311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.14220

Amount of Each Receipt this Period

35.00

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

105.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JOHN R TEMPLEMAN**

Mailing Address 751 MORNINGSDR

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SA11AI.15691

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Barbara Thomas**

Mailing Address 7081 Modesto Ave

City

Baton Rouge

State

LA

Zip Code

70811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Values Resource Inst.

Occupation

Exc. Director

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : SA11AI.13424

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Shannon Thomas**

Mailing Address 10222 The Grove Blvd Apt 2210

City

Baton Rouge

State

LA

Zip Code

70836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Therapy Center

Occupation

Physical Therapy Assistant

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		21		2014

Transaction ID : SA11AI.13421

Amount of Each Receipt this Period

300.00

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

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

850.00

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

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARINA TIMMERANS SR

A.

Mailing Address 1703 MAIN ST

City

LYNDEN

State

WA

Zip Code

98264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.17412

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

JOHN VALERIUS

B.

Mailing Address 1909 CANTERBURY ST

City

IRVING

State

TX

Zip Code

75062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.16092

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

FAYE I WESTALL

C.

Mailing Address 145 SMITHFIELD WAY

City

FREDERICKSBURG

State

VA

Zip Code

22406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

Transaction ID : SA11AI.14224

Amount of Each Receipt this Period

30.00

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

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

165.00

# **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 45 OF 84

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**FAYE I WESTALL**

Mailing Address 145 SMITHFIELD WAY

City

FREDERICKSBURG

State

VA

Zip Code

22406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

245.00

Date of Receipt

M M / D D / Y Y Y Y  
09 29 2014

Transaction ID : SA11AI.14225

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**FAYE I WESTALL**

Mailing Address 145 SMITHFIELD WAY

City

FREDERICKSBURG

State

VA

Zip Code

22406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

265.00

Date of Receipt

M M / D D / Y Y Y Y  
09 29 2014

Transaction ID : SA11AI.14226

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**MR SAMUEL WIEGAND**

Mailing Address 6584 CHAMPETRE CT

City

RENO

State

NV

Zip Code

89511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y  
09 26 2014

Transaction ID : SA11AI.16745

Amount of Each Receipt this Period

500.00

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

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

555.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MRS ROSALIE J WILLIAMSON**

Mailing Address PO BOX 1857

City

VERO BEACH

State

FL

Zip Code

32961

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		14		2014

Transaction ID : SA11Al.14683

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**MRS ROSALIE J WILLIAMSON**

Mailing Address PO BOX 1857

City

VERO BEACH

State

FL

Zip Code

32961

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : SA11Al.14684

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**MARTHA WOLLENBURG**

Mailing Address 4221 CLEVANGER AVE

City

BILLINGS

State

MT

Zip Code

59101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : SA11Al.15658

Amount of Each Receipt this Period

80.00

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

255.00

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

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

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Full Name (Last, First, Middle Initial)

PIERS WOODRIFF

Mailing Address PO BOX 503

City

SOMERSET

State

VA

Zip Code

22972

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

BEST EFFORTS

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2014

Transaction ID : SA11Al.14235

Amount of Each Receipt this Period

100.00

B.

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  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100.00

38064.01

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 48 OF 84

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Mailing Address 1325 G STREET, N.W.

SUITE 500

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00300921

Name of Employer

BAMPAC

Occupation

Political Action Committee

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2014

Transaction ID : SA11C.9951

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**BLACK REPUBLICAN PAC**

Mailing Address 2776 S ARLINGTON MILL DR #806

ATTN: SCOTT B MACKENZIE

City

ARLINGTON

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.**C** C00437053

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : SA11C.9957

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

**BLACK REPUBLICAN PAC**

Mailing Address 2776 S ARLINGTON MILL DR #806

ATTN: SCOTT B MACKENZIE

City

ARLINGTON

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.**C** C00437053

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2014

Transaction ID : SA11C.13459

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00



# **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 49 OF 84

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BOREN FOR CONGRESS**

Mailing Address PO BOX 1924

City

MUSKOGEE

State

OK

Zip Code

74402

FEC ID number of contributing  
federal political committee.

**C** C00410829

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 29 2014

Transaction ID : SA11C.13416

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**FREEDOM'S DEFENSE FUND**

Mailing Address 2776 S ARLINGTON MILL DR #806

City

ARLINGTON

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

**C** C00401786

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 02 2014

Transaction ID : SA11C.13461

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**FREEDOM'S DEFENSE FUND**

Mailing Address 2776 S ARLINGTON MILL DR #806

City

ARLINGTON

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

**C** C00401786

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 25 2014

Transaction ID : SA11C.13473

Amount of Each Receipt this Period

2500.00

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

5300.00

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

# **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 50 OF 84

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Freedom Defense Fund**

**A.**

Mailing Address 29243 St. Just Drive

City

Unionville

State

VA

Zip Code

22567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

**08** / **06** / **2014**

**Transaction ID : SA11C.9953**

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

**GOVERNMENT IS NOT GOD**

**B.**

Mailing Address P. O. BOX 77237

City

WASHINGTON

State

DC

Zip Code

20013

FEC ID number of contributing  
federal political committee.

**C** C00297531

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**09** / **22** / **2014**

**Transaction ID : SA11C.13469**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

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

Amount of Each Receipt this Period

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

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

4500.00

17300.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 84

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Advantage Rent-a-Car**

Mailing Address 2660 Jefferson Davis Hwy

City	State	Zip Code
Arlington	VA	22202

Purpose of Disbursement  
Rental Transportation for Travel

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

408.93
--------

Transaction ID : SB17.17536

**B. AirTran**Mailing Address 200 Glen Eagles Ct  
Suite C

City	State	Zip Code
Carrollton	GA	30117

Purpose of Disbursement  
Travel Airfare

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

178.10
--------

Transaction ID : SB17.17539

**c. AirTran**Mailing Address 200 Glen Eagles Ct  
Suite C

City	State	Zip Code
Carrollton	GA	30117

Purpose of Disbursement  
Travel Airfare

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

60.00
-------

Transaction ID : SB17.17540

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

647.03

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AirTran**Mailing Address 200 Glen Eagles Ct  
Suite C

City Carrollton State GA Zip Code 30117

Purpose of Disbursement  
Travel Airfare

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.17541

**B. Alamo Rent-a-Car**

Mailing Address 600 Corporate Park Dr

City St. Louis State MO Zip Code 63105

Purpose of Disbursement  
Rental Transportation for Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

259.03
--------

Transaction ID : SB17.17543

**C. CAPITOL CAGING CORPORATION**Mailing Address 504 Shaw Rd  
Ste 217

City Sterling State VA Zip Code 20166

Purpose of Disbursement  
Caging and escrow

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

Amount of Each Disbursement this Period

1831.03
---------

Transaction ID : SB17.17753

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2115.06

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CAPITOL CAGING CORPORATION**Mailing Address 504 Shaw Rd  
Ste 217

City Sterling State VA Zip Code 20166

Purpose of Disbursement  
PO Box Renewal

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2014

Amount of Each Disbursement this Period

748.00
--------

Transaction ID : SB17.17763

**B. CENTURY DATA MAILING SERVICE**Mailing Address 1115 15th St. NW  
Ste 410

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Direct Mail Program: Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2014

Amount of Each Disbursement this Period

11647.80
----------

Transaction ID : SB17.17751

**C. CENTURY DATA MAILING SERVICE**Mailing Address 1115 15th St. NW  
Ste 410

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Direct Mail Program: Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

Amount of Each Disbursement this Period

7610.92
---------

Transaction ID : SB17.17754

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20006.72
----------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 84

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CENTURY DATA MAILING SERVICE**Mailing Address 1115 15th St. NW  
Ste 410

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Direct Mail Program: postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2014

Amount of Each Disbursement this Period

10095.89
----------

Transaction ID : SB17.17758

**B. CENTURY DATA MAILING SERVICE**Mailing Address 1115 15th St. NW  
Ste 410

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Direct Mail Program: Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2014

Amount of Each Disbursement this Period

7376.97
---------

Transaction ID : SB17.17761

**C. CENTURY DATA MAILING SERVICE**Mailing Address 1115 15th St. NW  
Ste 410

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Direct Mail Program: Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2014

Amount of Each Disbursement this Period

12589.49
----------

Transaction ID : SB17.17765

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30062.35
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 84

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CENTURY DATA MAILING SERVICE**Mailing Address 1115 15th St. NW  
Ste 410

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Direct Mail Program: Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

Amount of Each Disbursement this Period

3914.49
---------

Transaction ID : SB17.17768

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD, #400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
Merchant Processing for online payments

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.17568

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD, #400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
Merchant Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

41.73
-------

Transaction ID : SB17.17745

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4956.22

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 84

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD, #400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
Merchant Processing for online payments

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2014

Amount of Each Disbursement this Period

15.38
-------

Transaction ID : SB17.17569

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD, #400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
Merchant Processing for online payments

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2014

Amount of Each Disbursement this Period

1200.00
---------

Transaction ID : SB17.17570

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD, #400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
Merchant Processing for online payments

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

47.00
-------

Transaction ID : SB17.17571

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1262.38



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 84

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD, #400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement  
Merchant Processing for online payments

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 26 / 2014

Amount of Each Disbursement this Period

54.18
-------

Transaction ID : SB17.17572

**B. COLORTREE GROUP**

Mailing Address PO Box 28960

City	State	Zip Code
Henrico	VA	23228

Purpose of Disbursement  
Direct Mail Program: Printing and mailshop

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 21 / 2014

Amount of Each Disbursement this Period

688.51
--------

Transaction ID : SB17.17755

**c. Delta Airlines**

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30354

Purpose of Disbursement  
Travel Airfare

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2014

Amount of Each Disbursement this Period

352.20
--------

Transaction ID : SB17.17575

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1094.89

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30354

Purpose of Disbursement  
Travel Airfare

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2014

Amount of Each Disbursement this Period

352.20
--------

Transaction ID : SB17.17576

**B. Delta Airlines**

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30354

Purpose of Disbursement  
Travel Airfare

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 24 / 2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.17577

**C. Delta Airlines**

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30354

Purpose of Disbursement  
Travel Airfare

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 25 / 2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.17578

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

427.20

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30354

Purpose of Disbursement  
Travel Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

365.92
--------

Transaction ID : SB17.17579

**B. Delta Airlines**

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30354

Purpose of Disbursement  
Travel Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.17580

**C. DonorBureau**

Mailing Address 1900 N. Culpepper St

City	State	Zip Code
Arlington	VA	22207

Purpose of Disbursement  
Direct Mail Program: Printing and mailshop HUAA PH1

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

Amount of Each Disbursement this Period

280.92
--------

Transaction ID : SB17.17756

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

365.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Dunn Enterprises, LLC**

Mailing Address 3330 Woodcrest Dr

City	State	Zip Code
Baton Rouge	LA	70814

Purpose of Disbursement  
Campaign labor - voter outreach and sign distribution

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.17586

**B. Dunn Enterprises, LLC**

Mailing Address 3330 Woodcrest Dr

City	State	Zip Code
Baton Rouge	LA	70814

Purpose of Disbursement  
Campaign labor - voter outreach and sign distribution

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.17587

**C. Enterprise Rent-a-Car**

Mailing Address 600 Corporate Park Dr

City	State	Zip Code
St. Louis	MO	63105

Purpose of Disbursement  
Rental Transportation for Travel

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

122.04
--------

Transaction ID : SB17.17593

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5122.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Enterprise Rent-a-Car**

Mailing Address 600 Corporate Park Dr

City	State	Zip Code
St. Louis	MO	63105

Purpose of Disbursement  
Rental Transportation for Travel

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

Amount of Each Disbursement this Period

93.46
-------

Transaction ID : SB17.17594

**B. Enterprise Rent-a-Car**

Mailing Address 600 Corporate Park Dr

City	State	Zip Code
St. Louis	MO	63105

Purpose of Disbursement  
Rental Transportation for Travel

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

5.45
------

Transaction ID : SB17.17595

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 Randon Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Custom Credit/Billing

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

82.50
-------

Transaction ID : SB17.17750

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

93.46

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 Randon Hills Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Transfirst/Discount

Amount of Each Disbursement this Period

472.97
--------

Transaction ID : SB17.17752

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 Randon Hills Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Indirect program expenses: NSF funds

Amount of Each Disbursement this Period

35.00
-------

Transaction ID : SB17.17759

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 Randon Hills Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
AA SERVICE CHARGE

Amount of Each Disbursement this Period

142.47
--------

Transaction ID : SB17.17760

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

650.44

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 Randon Hills Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2014

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

62.75
-------

Purpose of Disbursement  
CUSTOM CREDIT/BILLINGCategory/  
Type

Transaction ID : SB17.17762

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 Randon Hills Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2014

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

271.43
--------

Purpose of Disbursement  
Transfirst/BillingCategory/  
Type

Transaction ID : SB17.17764

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 Randon Hills Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2014

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

75.00
-------

Purpose of Disbursement  
NSF-Rosalie J WilliamsonCategory/  
Type

Transaction ID : SB17.17767

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

409.18

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Hilton Hotels**

Mailing Address 1031 Virginia Ave

City	State	Zip Code
Atlanta	GA	30354

Purpose of Disbursement  
Lodging during Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

364.15
--------

Transaction ID : SB17.17606

**B. Hilton Hotels**

Mailing Address 1031 Virginia Ave

City	State	Zip Code
Atlanta	GA	30354

Purpose of Disbursement  
Lodging during Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2014

Amount of Each Disbursement this Period

314.12
--------

Transaction ID : SB17.17607

**C. Hotwire.com**Mailing Address 333 Market St  
Suite 100

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Travel Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

146.75
--------

Transaction ID : SB17.17615

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

825.02



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 84

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Hotwire.com**Mailing Address 333 Market St  
Suite 100City State Zip Code  
San Francisco CA 94105Purpose of Disbursement  
Lodging during Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

181.77
--------

Transaction ID : SB17.17616

**B. Infogroup**

Mailing Address 1020 E First St

City State Zip Code  
Papillion NE 68046Purpose of Disbursement  
Direct Mail Lists

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2014

Amount of Each Disbursement this Period

483.86
--------

Transaction ID : SB17.17618

**c. Just Yard Signs**Mailing Address 4880 A6  
Distribution Ct.City State Zip Code  
Orlando FL 32822Purpose of Disbursement  
Campaign Signs

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2014

Amount of Each Disbursement this Period

1740.00
---------

Transaction ID : SB17.17620

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2405.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 84

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Just Yard Signs**

Mailing Address 4880 A6

Distribution Ct.

City

Orlando

State

FL

Zip Code

32822

Purpose of Disbursement

Campaign Signs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.17621

**B. Kerry Consulting Group, LLC**

Mailing Address PO Box 5124

City

Thibodaux

State

LA

Zip Code

70302

Purpose of Disbursement

Campaign consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2014

Amount of Each Disbursement this Period

1100.00
---------

Transaction ID : SB17.17623

**C. JC Kinchen**

Mailing Address 13001 Justice Ave

City

Baton Rouge

State

LA

Zip Code

70816

Purpose of Disbursement

Campaign Office Rent

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2014

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : SB17.17749

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Louisiana Secretary of State**

Mailing Address 8585 Archives Ave

City	State	Zip Code
Baton Rouge	LA	70809

Purpose of Disbursement  
Qualifying Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2014

Amount of Each Disbursement this Period

905.00
--------

Transaction ID : SB17.17635

**B. Louisiana Secretary of State**

Mailing Address 8585 Archives Ave

City	State	Zip Code
Baton Rouge	LA	70809

Purpose of Disbursement  
Voter Lists

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.17636

**c. Lovelace Strategies**

Mailing Address PO Box 151

City	State	Zip Code
Glenn Dale	MD	20769

Purpose of Disbursement  
Campaign consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.17638

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4405.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 84

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MERCHANT E-SOLUTIONS**Mailing Address 3600 BRIDGE PKWY, ATE 102  
Suite 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement  
Merchant Processing Fees for online contribs

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 07 / 2014

Amount of Each Disbursement this Period

77.22
-------

Transaction ID : SB17.17646

**B. MERCHANT E-SOLUTIONS**Mailing Address 3600 BRIDGE PKWY, ATE 102  
Suite 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement  
Merchant Processing Fees for online contribs

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 04 / 2014

Amount of Each Disbursement this Period

70.48
-------

Transaction ID : SB17.17647

**c. Najvar Law Firm**Mailing Address 4151 Southwest Freeway  
Suite 625

City Houston State TX Zip Code 77027

Purpose of Disbursement  
Debt payment June fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 07 / 2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.17772

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1147.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 84

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Najvar Law Firm**Mailing Address 4151 Southwest Freeway  
Suite 625

City Houston State TX Zip Code 77027

Purpose of Disbursement  
Debt payment July fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	16	2014

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : SB17.17773

**B. Race Trac**Mailing Address 3225 Cumberland Blvd  
Suite 100

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Gas for Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	02	2014

Amount of Each Disbursement this Period

42.27
-------

Transaction ID : SB17.17673

**C. Race Trac**Mailing Address 3225 Cumberland Blvd  
Suite 100

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Food during Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	02	2014

Amount of Each Disbursement this Period

6.00
------

Transaction ID : SB17.17674

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1548.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Race Trac**Mailing Address 3225 Cumberland Blvd  
Suite 100

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Food during Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

4.46
------

Transaction ID : SB17.17675

**B. Race Trac**Mailing Address 3225 Cumberland Blvd  
Suite 100

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Gas for Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2014

Amount of Each Disbursement this Period

55.87
-------

Transaction ID : SB17.17676

**C. Race Trac**Mailing Address 3225 Cumberland Blvd  
Suite 100

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Gas for Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

45.00
-------

Transaction ID : SB17.17677

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

105.33



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 84

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Shell Oil**Mailing Address 1000 Main St  
Level 12

City Houston State TX Zip Code 77002

Purpose of Disbursement  
Gas for Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2014

Amount of Each Disbursement this Period

60.01
-------

Transaction ID : SB17.17698

**B. SIMPKINS ESCROW LLC**

Mailing Address 29243 St. Just Dr.

City Unionville State VA Zip Code 22567

Purpose of Disbursement  
Escrow Service for July

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2014

Amount of Each Disbursement this Period

476.07
--------

Transaction ID : SB17.17757

**C. SIMPKINS ESCROW LLC**

Mailing Address 29243 St. Just Dr.

City Unionville State VA Zip Code 22567

Purpose of Disbursement  
Escrow Service for August

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2014

Amount of Each Disbursement this Period

284.97
--------

Transaction ID : SB17.17766

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

821.05



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. The Pierson Group**

Mailing Address PO Box 452183

City	State	Zip Code
Garland	TX	75045

Purpose of Disbursement  
Donor Outreach / Fundraising Event

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:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 03 / 2014

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : SB17.17718

**B. United Airlines**

Mailing Address 233 S. Wacker Dr

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement  
Travel Airfare

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 04 / 2014

Amount of Each Disbursement this Period

60.00
-------

Transaction ID : SB17.17729

**c. United Airlines**

Mailing Address 233 S. Wacker Dr

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement  
Travel Airfare

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:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 04 / 2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.17730

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1585.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S. Wacker Dr

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement  
Travel Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

334.10
--------

Transaction ID : SB17.17731

**B. United Airlines**

Mailing Address 233 S. Wacker Dr

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement  
Travel Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

334.10
--------

Transaction ID : SB17.17732

**c. United Airlines**

Mailing Address 233 S. Wacker Dr

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement  
Travel Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

290.10
--------

Transaction ID : SB17.17733

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

958.30

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S. Wacker Dr

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement  
Travel Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

290.10
--------

Transaction ID : SB17.17734

**B. United Airlines**

Mailing Address 233 S. Wacker Dr

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement  
Travel Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2014

Amount of Each Disbursement this Period

60.00
-------

Transaction ID : SB17.17735

**c. United Airlines**

Mailing Address 233 S. Wacker Dr

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement  
Travel Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.17736

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

375.10





**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 78 OF 84

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CC Advertising**

Nature of Debt (Purpose):

Inv 4380 campaign advertising

Mailing Address 14001C Saint Germaine Dr  
Suite 353City State Zip Code  
Centreville VA 20121

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.17778

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CISCO COMMUNICATIONS**

Nature of Debt (Purpose):

Political strategy consulting--Debt disputed in  
its entirety. See below.

Mailing Address 1220 L STREET NW, #124

City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

33037.71

Transaction ID : SD10.9925

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33037.71

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Conservative Nation LLC**

Nature of Debt (Purpose):

Political strategy consulting

Mailing Address 723 McCulla St

City State Zip Code  
Thibodaux LA 70301

Outstanding Balance Beginning This Period

4000.00

Transaction ID : SD10.9929

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

1) **SUBTOTALS** This Period This Page (optional) ▶

37787.71

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SD10

Transaction ID : SD10.9925

Thomas for Congress disputes the entirety of this alleged debt to CISCO Communications, and has formally notified CISCO Communications of such as of April 18, 2014, and terminated their services. Disclosure of this disputed debt does not constitute an admission of liability or waiver of any claims the Committee may have against the creditor.

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 80 OF 84

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

Nature of Debt (Purpose):

Travel

Mailing Address PO BOX 741

City State

Zip Code

BATON ROUGE

LA

70821

Outstanding Balance Beginning This Period

2084.74

Transaction ID : SD10.9924

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2084.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**JC Kinchen LLC**

Nature of Debt (Purpose):

Travel

Mailing Address 13001 Justice Ave

City State

Zip Code

Baton Rouge

LA

70816

Outstanding Balance Beginning This Period

4401.11

Transaction ID : SD10.9931

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4401.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**JC Kinchen LLC**

Nature of Debt (Purpose):

Campaign advisory, coaching and  
development, voter interaction, debate prep

Mailing Address 13001 Justice Ave

City

State

Zip Code

Baton Rouge

LA

70816

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.17872

Amount Incurred This Period

15000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

21485.85

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 81 OF 84

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**JC Kinchen LLC**

Nature of Debt (Purpose):

Campaign advisory, coaching and  
development, voter interaction, debate prep

Mailing Address 13001 Justice Ave

City State

Zip Code

Baton Rouge

LA

70816

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.17873

Amount Incurred This Period

7500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Drue Kinchen**

Nature of Debt (Purpose):

Political strategy consulting

Mailing Address 15711 Woodwind Ave

City State

Zip Code

Baton Rouge

LA

70816

Outstanding Balance Beginning This Period

12600.00

Transaction ID : SD10.9923

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mock & Associates**

Nature of Debt (Purpose):

Political strategy consulting

Mailing Address 10000 Celtic Dr

City

State

Zip Code

Baton Rouge

LA

70809

Outstanding Balance Beginning This Period

5562.50

Transaction ID : SD10.9933

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5562.50

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

25662.50

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 82 OF 84

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mock & Associates**

Nature of Debt (Purpose):

Political strategy consulting

Mailing Address 10000 Celtic Dr

City State

Zip Code

Baton Rouge

LA

70809

Outstanding Balance Beginning This Period

4207.50

Transaction ID : SD10.17868

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4207.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mock & Associates**

Nature of Debt (Purpose):

Political strategy consulting

Mailing Address 10000 Celtic Dr

City State

Zip Code

Baton Rouge

LA

70809

Outstanding Balance Beginning This Period

2507.50

Transaction ID : SD10.17871

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2507.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Najvar Law Firm**

Nature of Debt (Purpose):

Legal and compliance

Mailing Address 4151 Southwest Freeway  
Suite 625

City

State

Zip Code

Houston

TX

77027

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.9921

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

6715.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 83 OF 84

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Najvar Law Firm**

Nature of Debt (Purpose):

Legal and compliance - July

Mailing Address 4151 Southwest Freeway  
Suite 625City State Zip Code  
Houston TX 77027

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.13411

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Najvar Law Firm**

Nature of Debt (Purpose):

Legal and compliance - August

Mailing Address 4151 Southwest Freeway  
Suite 625City State Zip Code  
Houston TX 77027

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.17774

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Najvar Law Firm**

Nature of Debt (Purpose):

Legal and compliance - September (half month)

Mailing Address 4151 Southwest Freeway  
Suite 625City State Zip Code  
Houston TX 77027

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.17775

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

3500.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 84 OF 84

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**DR CHARLES 'TREY' THOMAS III FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Riffsoft, LLC**

Nature of Debt (Purpose):

Campaign services - search engine  
optimization

Mailing Address 801 Laurel St

City State

Zip Code

Baton Rouge

LA

70802

Outstanding Balance Beginning This Period

6560.00

Transaction ID : SD10.17869

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6560.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Riffsoft, LLC**

Nature of Debt (Purpose):

Campaign website design/work

Mailing Address 801 Laurel St

City State

Zip Code

Baton Rouge

LA

70802

Outstanding Balance Beginning This Period

14040.00

Transaction ID : SD10.17870

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14040.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Strategy Group for Media**

Nature of Debt (Purpose):

Production - web video

Mailing Address 7669 Stagers Loop

City

State

Zip Code

Delaware

OH

43015

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.17776

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

23100.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

118251.06

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

118251.06