

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
The 2016 Committee

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer Robert H. Frank

Signature of Treasurer Robert H. Frank [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The 2016 Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="560288.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="560288.81"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2346344.17"/>	<input type="text" value="2346344.17"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2906632.98"/>	<input type="text" value="2906632.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2664122.30"/>	<input type="text" value="2664122.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="242510.68"/>	<input type="text" value="242510.68"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="14523.78"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

The 2016 Committee

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	1245344.38	1245344.38
(ii) Unitemized .....	933720.54	933720.54
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)..... ▶	2179064.92	2179064.92
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees		
(such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5) .....	2179064.92	2179064.92
12. Transfers From Affiliated/Other		
Party Committees.....	50000.00	50000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5).....	30010.21	30010.21
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees.....	0.00	0.00
17. Other Federal Receipts		
(Dividends, Interest, etc.).....	87269.04	87269.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2346344.17	2346344.17
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19) .....	2346344.17	2346344.17

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2030177.26	2030177.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2030177.26	2030177.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	630311.08	630311.08
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	3633.96	3633.96
(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 28(a), (b), and (c)).....	3633.96	3633.96
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2664122.30	2664122.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2664122.30	2664122.30

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2179064.92	2179064.92
34. Total Contribution Refunds (from Line 28(d)) .....	3633.96	3633.96
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2175430.96	2175430.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2030177.26	2030177.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	30010.21	30010.21
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2000167.05	2000167.05

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: F3XA

Transaction ID :

This amendment responds to your letter dated July 17, 2016 based upon the Federal Election Commissions (the Commission) preliminary review of the April Quarterly Report (01/01/2016 - 03/31/2016) of The 2016 Committee (the Committee). Item 1 -The refund noted in the letter was incorrectly applied against expenses from Allen Brandstater Associates. The refund has been reclassified as an offset to operating expenditures from Lamar Advertising for an expenditure originally recorded on January 28, 2016.Item 2 - Schedule B has been amended to include complete addresses.Item 3 - Schedule B has been amended to clarify the following purpose descriptions "ACCOUNTS PAYABLE," "AGENCY FEE," "AGENCY FEE - ONLINE," "AGENCY FEES - CONSULTING," "BACK-END COST," "CONSULTING," "FULFILLMENT ITEMS," "ONLINE STORE SALES," "OTHER - DATA CENTER INVOICE," and "TRANSFER - CLIENT DESIGNATED RECIPIENT."Item 4 - Schedule B has been amended to report payments to credit card companies reporting the original vendor information or clarifying information if memo items are not required.Item 5 - Schedule B has been amended to report payments to individuals for "MEALS AND ENTERTAINMENT," "OFFICE SUPPLIES," "PRINTING AND COPYING," "REIMBURSED EXPENSE," and "RENT," reporting the original vendor information or clarifying information if memo items are not required.Item 6 - Schedule B has been amended to report payments to individuals for "TRAVEL," "TRAVEL - AIRFARE," "TRAVEL - AIRFARE AND LODGING," "TRAVEL - AIRFARE & MILEAGE," "TRAVEL - AIRFARE, LODGING, & MILEAGE," "TRAVEL - LODGING," "TRAVEL - LODGING & MILEAGE," "TRAVEL - LODGING AND SUPPLIES," and "TRAVEL - LODGING, MEALS, AND MILEAGE" reporting the original vendor information or clarifying information if memo items are not required.Item 7 - Schedule E has been amended to clarify the following purpose descriptions: "AGENCY FEES - CONSULTING," and "AGENCY FEES - ONLINE."Item 8 - Schedule E has been amended to provide the required state information.Item 9 - Schedule E has been amended to report the appropriate dates as reported on the 48 hour reports.Item 10 - The comment is noted by the Committee.If you have any additional comments or require additional information, please let us know.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MR. JAMES R. AANERUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51939 - 150TH ST  
 P.O. BOX 157  
 City DONNELLY State MN Zip Code 56235-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **438.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.131656**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. MS. DIANE S. ABERNATHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7987 PEPPER PIKE  
 City WEST CHESTER State OH Zip Code 45069-2529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CAREGIVER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.137728**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**C. MRS. ANNE LYNN ADAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9405 ATHERTON CT  
 City BRENTWOOD State TN Zip Code 37027-8700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation FNP BC  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **320.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133820**  
 Amount of Each Receipt this Period **220.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>420.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ANNE LYNN ADAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9405 ATHERTON CT  
 City BRENWOOD State TN Zip Code 37027-8700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC FNP BC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.138991**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. THOMAS W. AHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2525 ALLENTOWN RD  
 City LIMA State OH Zip Code 45805-1713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OWNER OF CAR DEALERSHIP SELF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.128188**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. HILDA M. AHTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1808 ALVA DR.  
 City PEKIN State IL Zip Code 61554-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.136143**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. BERKELEY B. AKE**

Mailing Address 140 STILLWATER FARM LN

City CHURCH HILL	State MD	Zip Code 21623-1246
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation FARMER, ARTIST
--------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.130250**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 140 STILLWATER FARM LN

City CHURCH HILL	State MD	Zip Code 21623-1246
---------------------	-------------	------------------------

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

Name of Employer SELF	Occupation FARMER, ARTIST
--------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134670**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1656 E 6TH ST

City ONTARIO	State CA	Zip Code 91764-1501
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation IT PROJECT MANAGER
--------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.54

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.137037**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ART ALCANTAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1656 E 6TH ST

City ONTARIO State CA Zip Code 91764-1501

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

Name of Employer SELF Occupation IT PROJECT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.54**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140831**

Amount of Each Receipt this Period  
 38.39

Memo Item  
CONTRIBUTION

**B. MR. ART ALCANTAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1656 E 6TH ST

City ONTARIO State CA Zip Code 91764-1501

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

Name of Employer SELF Occupation IT PROJECT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.54**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.141085**

Amount of Each Receipt this Period  
 25.38

Memo Item  
CONTRIBUTION

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

Mailing Address 3315 E 113TH TER  
APT A

City KANSAS CITY State MO Zip Code 64137-2261

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

Name of Employer PAM TRANSPORTS INC. Occupation TRUCK DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **254.16**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.137385**

Amount of Each Receipt this Period  
 10.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **73.77**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SARAH ALCANTARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3315 E 113TH TER  
 APT A  
 City KANSAS CITY State MO Zip Code 64137-2261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PAM TRANSPORTS INC. Occupation TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 254.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137983**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROGER ALLMAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1444 GARFIELD DR.  
 City HOLDREGE State NE Zip Code 68949-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136821**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DUANE ALTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 N LANCASHIRE LN  
 City LIBERTY LAKE State WA Zip Code 99019-8531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131125**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2762.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. LOLA AMYX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 W CEDAR CREEK PKWY  
 City KEMP State TX Zip Code 75143-8089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133281**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. FRANK L. ANCONA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7944 BOONE AVE  
 City BATON ROUGE State LA Zip Code 70808-6722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.15

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133906**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 CONTRIBUTION

**C. MS. ANTONIA ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9201 E 8TH ST  
 City TUCSON State AZ Zip Code 85710-3115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131441**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ANTONIA ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9201 E 8TH ST  
 City TUCSON State AZ Zip Code 85710-3115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133855**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BOBBIE F. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7853 OLD REAVES FERRY RD  
 City CONWAY State SC Zip Code 29526-7238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130391**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BOBBIE F. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7853 OLD REAVES FERRY RD  
 City CONWAY State SC Zip Code 29526-7238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133765**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. G ALBERT ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 COMEE ST  
 City GARDNER State MA Zip Code 01440-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133675**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN A. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W5712 ARCHER LN  
 City WILD ROSE State WI Zip Code 54984-9168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129394**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ROSEMARY ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9233 CORONA RD  
 City LAS CRUCES State NM Zip Code 88012-6507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136492**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ANNE B. ANGERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 15TH ST  
 City OAKMONT State PA Zip Code 15139-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133642**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. ANON ANON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address NO ADDRESS  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 938.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.127859**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 CONTRIBUTION

**C. ANON ANON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address NO ADDRESS  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 938.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.127876**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 257.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.128319**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.128396**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **3.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.128825**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **5.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► \_\_\_\_\_ **10.00**

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



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

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

FOR LINE NUMBER: PAGE 17 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.130164**

Amount of Each Receipt this Period  
**2.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.130165**

Amount of Each Receipt this Period  
**1.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.130394**

Amount of Each Receipt this Period  
**20.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **23.00**

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

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

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

FOR LINE NUMBER: PAGE 18 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

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

Mailing Address **NO ADDRESS**

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.130395**

Amount of Each Receipt this Period  
**27.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **NO ADDRESS**

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.130397**

Amount of Each Receipt this Period  
**10.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **NO ADDRESS**

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.131617**

Amount of Each Receipt this Period  
**2.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>39.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.131738**

Amount of Each Receipt this Period  
**14.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.132473**

Amount of Each Receipt this Period  
**4.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.132735**

Amount of Each Receipt this Period  
**5.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **23.00**

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

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

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

FOR LINE NUMBER: PAGE 20 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.132736**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **43.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.133689**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.133690**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **20.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **65.00**

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

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

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

FOR LINE NUMBER: PAGE 21 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 /  /   
**01 / 01 / 2016**

**Transaction ID : SA11.134534**

Amount of Each Receipt this Period  
 **2.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 /  /   
**01 / 01 / 2016**

**Transaction ID : SA11.135010**

Amount of Each Receipt this Period  
 **25.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 /  /   
**01 / 01 / 2016**

**Transaction ID : SA11.135386**

Amount of Each Receipt this Period  
 **2.00**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►  **29.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

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

Mailing Address **NO ADDRESS**

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.135507**

Amount of Each Receipt this Period  
**16.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MISS HELEN L. APPEL**

Mailing Address **1000 N US HIGHWAY 1  
APT E-105**

City State Zip Code  
**JUPITER FL 33477-4481**

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

Name of Employer Occupation  
**RETIRED RETIRED R.N.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.133451**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MISS HELEN L. APPEL**

Mailing Address **1000 N US HIGHWAY 1  
APT E-105**

City State Zip Code  
**JUPITER FL 33477-4481**

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

Name of Employer Occupation  
**RETIRED RETIRED R.N.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.138169**

Amount of Each Receipt this Period  
**20.16**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>536.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. ROBERT A. AQUADRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 CHESTNUT ST  
 City FLORENCE State MA Zip Code 01062-1438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.128035**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT A. AQUADRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 CHESTNUT ST  
 City FLORENCE State MA Zip Code 01062-1438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133918**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 CONTRIBUTION

**C. MS. CAROL ARBURY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 745 S MERIDAN ROUTE 6  
 City MIDLAND State MI Zip Code 48640-7831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.132394**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 24 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. DIANNA ARCHULETA**

Mailing Address P.O. BOX 196

City State Zip Code  
LA BARGE WY 83123-0196

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

Name of Employer Occupation  
RETIRED HOUSEWIFE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **229.70**

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.137965**

Amount of Each Receipt this Period  
**50.00**

Memo Item CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. DIANNA ARCHULETA**

Mailing Address P.O. BOX 196

City State Zip Code  
LA BARGE WY 83123-0196

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

Name of Employer Occupation  
RETIRED HOUSEWIFE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **229.70**

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.139209**

Amount of Each Receipt this Period  
**100.00**

Memo Item CONTRIBUTION

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

Mailing Address P.O. BOX 196

City State Zip Code  
LA BARGE WY 83123-0196

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

Name of Employer Occupation  
RETIRED HOUSEWIFE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **229.70**

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.140819**

Amount of Each Receipt this Period  
**39.85**

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **189.85**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. RONALD C. ARNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1960 WOODLAND ROAD

City	State	Zip Code
MONTOURSVILLE	PA	17754-9637

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133693**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 6522 AIRPORT CENTER DR.

City	State	Zip Code
GREENSBORO	NC	27409-9094

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
854.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140641**

Amount of Each Receipt this Period  
 70.10

Memo Item  
CONTRIBUTION

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

Mailing Address 6522 AIRPORT CENTER DR.

City	State	Zip Code
GREENSBORO	NC	27409-9094

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
854.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140684**

Amount of Each Receipt this Period  
 54.09

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1124.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. STEVE ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
854.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140773**

Amount of Each Receipt this Period  
 41.97

Memo Item  
CONTRIBUTION

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

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
854.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.141163**

Amount of Each Receipt this Period  
 22.43

Memo Item  
CONTRIBUTION

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

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
854.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.141222**

Amount of Each Receipt this Period  
 21.98

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. STEVE ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO State NC Zip Code 27409-9094

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **854.37**

Date of Receipt  
MM / DD / YYYY  
**01 / 01 / 2016**

**Transaction ID : SA11.141224**

Amount of Each Receipt this Period  
**21.90**

Memo Item CONTRIBUTION

**B. MRS. NATHALIE R. ARRIBAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 412 BYWOOD AVE

City SEBASTIAN State FL Zip Code 32958-4955

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS RET. TEACHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 01 / 2016**

**Transaction ID : SA11.128381**

Amount of Each Receipt this Period  
**250.00**

Memo Item CONTRIBUTION

**C. MR. EDDY L. ATKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 W GIRARD AVE

City CEDARTOWN State GA Zip Code 30125-2621

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 01 / 2016**

**Transaction ID : SA11.134109**

Amount of Each Receipt this Period  
**200.00**

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>471.90</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES F. AUSTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3105 NW 48TH ST  
 City OKLAHOMA CITY State OK Zip Code 73112-6031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **280.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.129927**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. JAMES F. AUSTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3105 NW 48TH ST  
 City OKLAHOMA CITY State OK Zip Code 73112-6031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **280.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135601**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**C. MRS. IVA AVERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 HANSFORD RD  
 City BURNET State TX Zip Code 78611-5686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4000.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.136012**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. IVA AVERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 HANSFORD RD  
 City BURNET State TX Zip Code 78611-5686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136540**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DOLORES BABEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17218 SE 94TH COULTS CIR  
 City THE VILLAGES State FL Zip Code 32162-1867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ELECTRICAL ENGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138516**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JEAN BACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 S WRIGHT RD  
 City JANESVILLE State WI Zip Code 53546-8675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HIGHVIEW IN THE WOODLANDS Occupation LPN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133768**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MILDRED S. BAHLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 S WOODS MILL RD  
APT 3308

City CHESTERFIELD State MO Zip Code 63017-3511

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.131322**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MRS. MILDRED S. BAHLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 S WOODS MILL RD  
APT 3308

City CHESTERFIELD State MO Zip Code 63017-3511

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.134306**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MR. CHOONG H. BAICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 19091 CROYDEN TERRACE

City IRVINE State CA Zip Code 92603-3538

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.16

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.130765**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 31 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)  
**The 2016 Committee**

**A. MR. BOYD BARKER BAILEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 304 ORCHID AVE

City CORONA DEL MAR	State CA	Zip Code 92625-3014
------------------------	-------------	------------------------

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

Name of Employer WESTMONSTER SCH DISCTRICT	Occupation ELEM SCH LIBRAR
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.138585**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. MR. BOYD BARKER BAILEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 304 ORCHID AVE

City CORONA DEL MAR	State CA	Zip Code 92625-3014
------------------------	-------------	------------------------

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

Name of Employer WESTMONSTER SCH DISCTRICT	Occupation ELEM SCH LIBRAR
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.139379**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. MS. MARY E. BAIR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2251 SPRINGPORT RD  
APT 304

City JACKSON	State MI	Zip Code 49202-1441
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.131479**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. BILLIE J. BAIRD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3902 CABEZA DE VACA CIR

City	State	Zip Code
IRVING	TX	75062-3802

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

Name of Employer	Occupation
ONE SAFE PLACE	OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.133136**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. MS. VICKI BAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3600 VISTA VERDE TRL

City	State	Zip Code
MCKINNEY	TX	75070-6046

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

Name of Employer	Occupation
CARDIAC INFUSION SPECIALI	PATIENT ADVOCAT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8466.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.137525**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3600 VISTA VERDE TRL

City	State	Zip Code
MCKINNEY	TX	75070-6046

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

Name of Employer	Occupation
CARDIAC INFUSION SPECIALI	PATIENT ADVOCAT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8466.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.138886**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. VICKI BAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3600 VISTA VERDE TRL

City MCKINNEY State TX Zip Code 75070-6046

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

Name of Employer CARDIAC INFUSION SPECIALI Occupation PATIENT ADVOCAT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8466.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.139627**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

**B. MS. VICKI BAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3600 VISTA VERDE TRL

City MCKINNEY State TX Zip Code 75070-6046

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

Name of Employer CARDIAC INFUSION SPECIALI Occupation PATIENT ADVOCAT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8466.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.140075**

Amount of Each Receipt this Period  
**2016.00**

Memo Item  
CONTRIBUTION

**C. MISS FLORA W. BALDWIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 812 MOUNT WILLING RD

City EFLAND State NC Zip Code 27243-9514

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.134275**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **2266.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MRS. PEGGY MALCOLM BALDWIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 262 BUFFALO CREEK RD  
 City KENOVA State WV Zip Code 25530-9602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133576**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MYRTISE W. BALLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19303 N NEW TRADITION RD APT 327  
 City SUN CITY WEST State AZ Zip Code 85375-3857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LA SCHOOL DISTRICT Occupation RET. SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129466**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. DEE BALTES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2021 NUTT RD  
 City DAYTON State OH Zip Code 45458-9382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INTERIOR DSGNR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135033**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MS. VICKY BARBARA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8676 FEDDICK ROAD

City HAMBURG	State NY	Zip Code 14075-7008
-----------------	-------------	------------------------

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

Name of Employer N/A	Occupation N/A
-------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.99

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.137389**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MS. VICKY BARBARA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8676 FEDDICK ROAD

City HAMBURG	State NY	Zip Code 14075-7008
-----------------	-------------	------------------------

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

Name of Employer N/A	Occupation N/A
-------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.99

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.139729**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MR. BILL J. BARBEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 301 S POLK ST  
STE 450

City AMARILLO	State TX	Zip Code 79101-1405
------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.136030**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 36 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. DR. ERNEST M. BARGMEYER M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 124 FAIRWAY DR.  
City MISSOULA State MT Zip Code 59803-2405  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136476**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. DR. ERNEST M. BARGMEYER M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 124 FAIRWAY DR.  
City MISSOULA State MT Zip Code 59803-2405  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136784**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MS. NANCY L. BARNHART**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7370 WALSH RD  
City MILLINGTON State TN Zip Code 38053-6020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RET. ENG  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135319**  
Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)  
**The 2016 Committee**

**A. MR. KENNETH S. BARTLETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 HEARTHSTONE RIDGE RD  
 City LANDRUM State SC Zip Code 29356-9602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 913.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129329**  
 Amount of Each Receipt this Period  
 249.00  
 Memo Item  
 CONTRIBUTION

**B. MR. KENNETH S. BARTLETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 HEARTHSTONE RIDGE RD  
 City LANDRUM State SC Zip Code 29356-9602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 913.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134115**  
 Amount of Each Receipt this Period  
 332.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WENDELL M. BARTLOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2013 LOUISIANA DR.  
 City NAMPA State ID Zip Code 83686-6253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. WHEAT FARME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130449**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	681.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WENDELL M. BARTLOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2013 LOUISIANA DR.  
 City NAMPA State ID Zip Code 83686-6253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. WHEAT FARMER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134578**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. MR. BRUCE M. BARTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1112 BELL MANOR DR.  
 City SAVANNAH State TX Zip Code 76227-7672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128974**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**C. MR. BRUCE M. BARTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1112 BELL MANOR DR.  
 City SAVANNAH State TX Zip Code 76227-7672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134574**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARJORIE A. BASELEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 S LEEBRICK ST  
 City BURLINGTON State IA Zip Code 52601-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130527**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARJORIE A. BASELEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 S LEEBRICK ST  
 City BURLINGTON State IA Zip Code 52601-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133819**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 CONTRIBUTION

**C. MS. NORMA K. BATEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5047 URBAN CREST RD  
 City DALLAS State TX Zip Code 75227-2840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132352**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. NORMA K. BATEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5047 URBAN CREST RD  
 City DALLAS State TX Zip Code 75227-2840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136478**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RICHARD F. BAYARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 W FEEMSTER AVE  
 City VISALIA State CA Zip Code 93277-4734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136822**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JASPER N. BAYSINGER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7902 BAYSINGER ST  
 City DOWNEY State CA Zip Code 90241-2227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129396**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. NED BEACH**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 LORI DR.

City BOONVILLE State MO Zip Code 65233-1871

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.133453**

Amount of Each Receipt this Period  
450.00

Memo Item  
CONTRIBUTION

**B. MRS. BONNIE J. BEAN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1059

City SOAP LAKE State WA Zip Code 98851-1059

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.136575**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. MRS. ELIZABETH L. BEARDWOOD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2105 S CYNTHIA ST  
APT A206

City MCALLEN State TX Zip Code 78503-1249

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

Name of Employer RETIRED Occupation RETIRED R.N.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.132809**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ELIZABETH L. BEARDWOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2105 S CYNTHIA ST  
 APT A206  
 City MCALLEN State TX Zip Code 78503-1249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134603**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BONNIE J. BEARSON-AKEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 311 FAIRGROUNDS RD  
 UNIT 101  
 City ALEXANDRIA State MN Zip Code 56308-4859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 564.44

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138365**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BONNIE J. BEARSON-AKEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 311 FAIRGROUNDS RD  
 UNIT 101  
 City ALEXANDRIA State MN Zip Code 56308-4859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 564.44

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140919**  
 Amount of Each Receipt this Period 32.22  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	632.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. RODERICK BECKETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 416 HELEN GREATHOUSE CIRCLE

City MIDLAND	State TX	Zip Code 79707-6148
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.136216**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MS. HELEN M. BEDFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 29425 DEEBOB

City NUEVO	State CA	Zip Code 92567-9404
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.135598**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MS. HELEN M. BEDFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 29425 DEEBOB

City NUEVO	State CA	Zip Code 92567-9404
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.135599**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. HELEN M. BEDFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29425 DEEBOB  
 City NUEVO State CA Zip Code 92567-9404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135936**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. DAVID A. BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2143 COUNTRY VILLA DR.  
 City CARROLLTON State TX Zip Code 75006-4715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUTHWEST AIRLINES Occupation PILOT INSTRUCTO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.131117**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
**CONTRIBUTION**

**C. RAY BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3695 GREEN ACRES DR.  
 City CARSON CITY State NV Zip Code 89705-6822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **247.17**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.140732**  
 Amount of Each Receipt this Period **45.48**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>295.48</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. RAY BELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3695 GREEN ACRES DR.

City CARSON CITY	State NV	Zip Code 89705-6822
---------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
247.17

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140996**

Amount of Each Receipt this Period  
 29.98

Memo Item CONTRIBUTION

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

Mailing Address 3695 GREEN ACRES DR.

City CARSON CITY	State NV	Zip Code 89705-6822
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
247.17

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.141008**

Amount of Each Receipt this Period  
 29.98

Memo Item CONTRIBUTION

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

Mailing Address 3695 GREEN ACRES DR.

City CARSON CITY	State NV	Zip Code 89705-6822
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
247.17

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.141146**

Amount of Each Receipt this Period  
 22.94

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	82.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. RAY BELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3695 GREEN ACRES DR.

City CARSON CITY	State NV	Zip Code 89705-6822
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
247.17

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.141149**

Amount of Each Receipt this Period  
 22.94

Memo Item  
CONTRIBUTION

**B. MR. GLEN E. BENEDICT**  
Full Name (Last, First, Middle Initial)

Mailing Address 12824 ORCHARD AVE

City NAMPA	State ID	Zip Code 83651-8109
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation NUCLEAR ENGR
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137412**

Amount of Each Receipt this Period  
 20.16

Memo Item  
CONTRIBUTION

**C. MR. GLEN E. BENEDICT**  
Full Name (Last, First, Middle Initial)

Mailing Address 12824 ORCHARD AVE

City NAMPA	State ID	Zip Code 83651-8109
---------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation NUCLEAR ENGR
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137797**

Amount of Each Receipt this Period  
 20.16

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. STEVEN E. BENNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4382 HIGHWAY 212  
 City MONTEVIDEO State MN Zip Code 56265-4536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SL MONTEVIDEU TECH INC Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129399**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. CLARISSA B. BENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 KANSAS ST  
 City SIOUX CITY State IA Zip Code 51103-5036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131027**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. CLARISSA B. BENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 KANSAS ST  
 City SIOUX CITY State IA Zip Code 51103-5036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134114**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM J. BENTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6670 FM 1402

City MOUNT PLEASANT	State TX	Zip Code 75455
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016  
**Transaction ID : SA11.136009**

Amount of Each Receipt this Period  
60.00

Memo Item  
CONTRIBUTION

**B. MR. WILLIAM J. BENTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6670 FM 1402

City MOUNT PLEASANT	State TX	Zip Code 75455
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016  
**Transaction ID : SA11.136743**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MRS. BONNIE E. BENTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 PINE WOODS CT

City READING	State PA	Zip Code 19607-3340
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016  
**Transaction ID : SA11.133916**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DONALD BERDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 22975 SE BLACK NUGGET RD  
APT 243

City ISSAQUAH State WA Zip Code 98029-7302

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.131510

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

**B. MS. MEREDITH A. BERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 914 SALLYS ALLEY N

City HUDSON State WI Zip Code 54016-1176

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

Name of Employer RETIRED Occupation RETIRED TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.133767

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. MR. WILLIAM S. BERGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3153 E VIRGINIA AVE

City WEST COVINA State CA Zip Code 91791-2338

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.132151

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT A. BERNATCHEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 MARK CIR  
 City RUTLAND State MA Zip Code 01543-1557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.127896**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT A. BERNATCHEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 MARK CIR  
 City RUTLAND State MA Zip Code 01543-1557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129457**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. NANCY R. BERTCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 ROUTE 60  
 UNIT 44  
 City GERRY State NY Zip Code 14740-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135310**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MRS. NANCY R. BERTCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 ROUTE 60  
 UNIT 44  
 City GERRY State NY Zip Code 14740-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.48

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136967**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**B. MS. SANDRA L. BESSELSSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4717 KAINER RD  
 City SCHULENBURG State TX Zip Code 78956-5008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COUNTRY FRESH CLEANERS Occupation CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131342**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. SANDRA L. BESSELSSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4717 KAINER RD  
 City SCHULENBURG State TX Zip Code 78956-5008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COUNTRY FRESH CLEANERS Occupation CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134272**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	520.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MRS. JAY T. BETETTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 TODD AVE  
 City LAURENS State SC Zip Code 29360-2626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PUBLIC SCHOOL Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133766**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. MS. RACHEL I. BETTAG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11367 N CARTHAGE PIKE  
 City KNIGHTSTOWN State IN Zip Code 46148-9775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129882**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ARTHUR W. BETZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2493 260 RD P.O. BOX 252  
 City WEBBER State KS Zip Code 66970-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139934**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 53 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. JOSEPH C. BIBEAU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 354 ODOMS BEND RD  
 City State Zip Code  
 GALLATIN TN 37066-6205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133641**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DON G. BICKLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3511-B FAIRWAY DR.  
 # B  
 City State Zip Code  
 HAYS KS 67601-1546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133471**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DAVID L. BIDWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 GREENVIEW DR.  
 City State Zip Code  
 INDIANA PA 15701-1359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.127897**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. FRED BIEKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2920  
 City SUN VALLEY State ID Zip Code 83353-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140111**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MR. ROBERT BIEKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 CLEMSON DR.  
 City PUEBLO State CO Zip Code 81005-1908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1100.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131490**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. MR. ROBERT BIEKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 CLEMSON DR.  
 City PUEBLO State CO Zip Code 81005-1908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1100.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135410**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 55 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ROSEMARY H. BIESIOT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address V413 COUNTY ROAD 4  
 City LIBERTY CTR State OH Zip Code 43532-9575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135910**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ROSEMARY H. BIESIOT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address V413 COUNTY ROAD 4  
 City LIBERTY CTR State OH Zip Code 43532-9575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136255**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RUDOLPH B. BITTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2313 BAYWATER RD  
 City TAVARES State FL Zip Code 32778-5613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132937**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GEORGE O. BLACKWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1227 COOLHURST AVE  
 City SHERWOOD State AR Zip Code 72120-4803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONSERVATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133785**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARGARET C. BLACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 LILLIANS LN  
 City BAKERSVILLE State NC Zip Code 28705-7017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128493**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROY H. BLAYLOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1821 S MAIN ST  
 City GRAHAM State NC Zip Code 27253-4705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134600**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JACQUELINE L. BLEDSOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 N CONGRESS AVE  
 City KANSAS CITY State MO Zip Code 64152-2250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132644**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LEROY BLOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4462 E 132ND ST S  
 City GRINNELL State IA Zip Code 50112-7522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134430**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES A. BLOOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3721 94TH AVE SW  
 City TAYLOR State ND Zip Code 58656-9709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134782**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 58 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. CLEO BOERSMA**  
 Mailing Address 7061 MISTY MORNING CT SE  
 City State Zip Code  
 CALEDONIA MI 49316-9047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MALL CITY CONTAINERS MANAG & SALES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135207**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. DOROTHY R. BOHL**  
 Mailing Address 200 DOMINICAN DR.  
 APT 2301  
 City State Zip Code  
 MADISON MS 39110-8630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128039**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. DOROTHY R. BOHL**  
 Mailing Address 200 DOMINICAN DR.  
 APT 2301  
 City State Zip Code  
 MADISON MS 39110-8630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132641**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 59 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MILODENE BOLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 8TH AVE  
 City SWEET HOME State OR Zip Code 97386-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132715**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MILODENE BOLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 8TH AVE  
 City SWEET HOME State OR Zip Code 97386-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134112**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. M MAXINE BOLES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 928 BROOK VALLEY LN  
 City DALLAS State TX Zip Code 75232-1626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128434**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BRENDA N M BOLLWERK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20230 CAMBRIDGE WAY  
 City PARKER State CO Zip Code 80138-7308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ADVERTISEBUSSOWN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133787**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM BOLT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21261 NE 149TH PL  
 City FORT MC COY State FL Zip Code 32134-5839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129697**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM BOLT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21261 NE 149TH PL  
 City FORT MC COY State FL Zip Code 32134-5839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131276**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM BOLT**  
Full Name (Last, First, Middle Initial)

Mailing Address 21261 NE 149TH PL

City FORT MC COY State FL Zip Code 32134-5839

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.135357**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**B. MR. EUGENE J. BONK**  
Full Name (Last, First, Middle Initial)

Mailing Address 31277 WATERLOO RD

City LEBANON State OR Zip Code 97355-9722

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.134450**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

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

Mailing Address 8598 W RALLS DR.

City PINE State AZ Zip Code 85544-2630

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.134305**

Amount of Each Receipt this Period  
212.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	612.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 62 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MRS. ANN B. BONOMI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11718 N ISLAND RD  
 City State Zip Code  
 HOLLYWOOD FL 33026-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133788**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**B. MS. MARYALICE E. BONWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1704 VILLAGE DR.  
 City State Zip Code  
 LYNDEN WA 98264-1283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CALSTRS RET. ESP EDU TCH  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131166**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**C. MS. MARYALICE E. BONWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1704 VILLAGE DR.  
 City State Zip Code  
 LYNDEN WA 98264-1283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CALSTRS RET. ESP EDU TCH  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134685**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. COL CLAIR L. BOOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7400 CRESTWAY DR.  
 APT 811  
 City SAN ANTONIO State TX Zip Code 78239-3093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer U S ARMY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133911**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BARBARA C. BORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 BEECHWOOD DR.  
 City SANDY HOOK State CT Zip Code 06482-1113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134274**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MISS DORIS M. BOUCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 SAINT MARYS DR.  
 APT 324  
 City CHERRY HILL State NJ Zip Code 08003-2577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133948**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	825.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MR. RONALD J. BOVETSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 903 WATER STREET NW  
 City BOLIVAR State OH Zip Code 44612-8485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 343.98

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.141212**  
 Amount of Each Receipt this Period 21.99  
 Memo Item  
 CONTRIBUTION

**B. MS. SUSAN BOWDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2424 E EVANS CREEK RD  
 City ROGUE RIVER State OR Zip Code 97537-5535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FIRST STUDENT Occupation SCHOOL BUS DRIV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137427**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. KENT BOWEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16856 SE 85TH SAPELO CT  
 City THE VILLAGES State FL Zip Code 32162-2841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131669**  
 Amount of Each Receipt this Period 105.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	326.99
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MR. KENT BOWEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16856 SE 85TH SAPELO CT  
 City THE VILLAGES State FL Zip Code 32162-2841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134597**  
 Amount of Each Receipt this Period **105.00**  
 Memo Item CONTRIBUTION

**B. MR. FREDERICK A. BOWERS SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 SALEM DR. APT H  
 City VERMILION State OH Zip Code 44089-3271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.137734**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item CONTRIBUTION

**C. MR. FREDERICK A. BOWERS SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 SALEM DR. APT H  
 City VERMILION State OH Zip Code 44089-3271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.138462**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. FREDERICK A. BOWERS SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 SALEM DR.  
 APT H  
 City VERMILION State OH Zip Code 44089-3271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139711**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. J R. BOWMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 99  
 City ERWIN State TN Zip Code 37650-0099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128133**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM BOWMAN III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 403 WOODLAND RD  
 City GAITHERSBURG State MD Zip Code 20877-2018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136000**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM BOWMAN III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 403 WOODLAND RD  
 City State Zip Code  
 GAITHERSBURG MD 20877-2018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136692**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. SAMUEL R. BOWSHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4439 ZURMEHLY RD  
 City State Zip Code  
 LIMA OH 45806-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135793**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 CONTRIBUTION

**C. MR. SAMUEL R. BOWSHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4439 ZURMEHLY RD  
 City State Zip Code  
 LIMA OH 45806-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136233**  
 Amount of Each Receipt this Period  
 140.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. GERRY K. BOYD**

Mailing Address 307 SE 8TH PL

City State Zip Code  
PRYOR OK 74361-6205

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.133710**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RONALD H. BOYD**

Mailing Address 809 TYLER

City State Zip Code  
AMARILLO TX 79101-3427

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

Name of Employer Occupation  
DUNCAN & BOYD JEWELERS RETAIL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.136888**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 163 GOODWIN ST

City State Zip Code  
BRISTOL CT 06010-5115

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

Name of Employer Occupation  
RETIRED RETIRED TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.131704**

Amount of Each Receipt this Period  
106.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2606.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CLAIRE A. BRACKEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 144  
 City SPENCERTOWN State NY Zip Code 12165-0144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.99

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129629**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. CLAIRE A. BRACKEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 144  
 City SPENCERTOWN State NY Zip Code 12165-0144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.99

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135308**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOEL R. BRADBURY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 772 FERNDAL DR.  
 City BIGFORK State MT Zip Code 59911-6518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130149**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOEL R. BRADBURY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 772 FERNDALE DR.  
 City BIGFORK State MT Zip Code 59911-6518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134567**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MILTON T. BRADSHAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1561 RANSOM RD  
 City RIVERSIDE State CA Zip Code 92506-4029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED RET. FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134330**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PATRICIA F. BRADSHAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 HOBBS RD  
 APT 102  
 City LEAGUE CITY State TX Zip Code 77573-5123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130942**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. BARBARA A. BRANDLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 SETTLERS LN  
 City COLUMBUS State NJ Zip Code 08022-1133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 306.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128535**  
 Amount of Each Receipt this Period  
 102.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES B. BRANDEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5713 JACK RD  
 City JACKSONVILLE State FL Zip Code 32277-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135769**  
 Amount of Each Receipt this Period  
 78.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES B. BRANDEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5713 JACK RD  
 City JACKSONVILLE State FL Zip Code 32277-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136381**  
 Amount of Each Receipt this Period  
 52.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	232.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 72 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. MAXINE BREHMER**  
 Mailing Address 13105 18TH AVE NW  
 City State Zip Code  
 ORONOCO MN 55960-2140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133684**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. HAROLD BREMER**  
 Mailing Address 5177 HIGHWAY 20  
 City State Zip Code  
 HOLSTEIN IA 51025-8036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129635**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN BRETT**  
 Mailing Address 913 N ALLEN ST  
 City State Zip Code  
 ROCKPORT TX 78382-3101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.127847**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. ROSEMARY H. BRIGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4711 WATAUGA RD  
 City DALLAS State TX Zip Code 75209-1923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation OIL AND GAS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133473**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. FRANCIS J. BRISCOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6150 RUSTIC HILLS DR.  
 City ROCKLIN State CA Zip Code 95677-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131706**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. FRANCIS J. BRISCOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6150 RUSTIC HILLS DR.  
 City ROCKLIN State CA Zip Code 95677-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132781**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 74 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. FRANCIS J. BRISCOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6150 RUSTIC HILLS DR.  
 City State Zip Code  
 ROCKLIN CA 95677-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134618**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BEATRICE T. BRITTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 466 HIGHLAND ST  
 City State Zip Code  
 S HAMILTON MA 01982-1320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128377**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES BROADWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1515 FORREST NELSON BLVD  
 APT L  
 City State Zip Code  
 PORT CHARLOTTE FL 33952-2100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. GM  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131025**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1325.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 75 OF 1531
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. SUZANNE F. BROCKETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 WOODFORD DR.  
 City KELLER State TX Zip Code 76248-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.134619**  
 Amount of Each Receipt this Period: **400.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. BUFORD BROOKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 133 EIGHTY OAK ST SW  
 City JACKSONVILLE State AL Zip Code 36265-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **US ARMY** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.132319**  
 Amount of Each Receipt this Period: **50.00**  
 Memo Item  
**CONTRIBUTION**

**C. DEEYA BROOKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2781 E 236TH ST  
 City CICERO State IN Zip Code 46034-9491  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **OURHEALTH** Occupation: **PHYSICIAN**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.139030**  
 Amount of Each Receipt this Period: **250.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MS. MARGARET J. BROOKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6318 NORWOOD CT  
 City RAYTOWN State MO Zip Code 64133-4486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.127899**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARGARET J. BROOKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6318 NORWOOD CT  
 City RAYTOWN State MO Zip Code 64133-4486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133993**  
 Amount of Each Receipt this Period  
 159.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ELIZABETH BROWNLOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 EAST ST  
 City LENOX State MA Zip Code 01240-2210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135285**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	359.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 77 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. FORREST BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1178  
 City BOONE State NC Zip Code 28607-1178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ASHE HOSPITAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138386**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. HELEN M. BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 403 W MAIN ST  
 City SILVER LAKE State IN Zip Code 46982-8960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WARSAWCOMMUNITYHIGHSCHOOL Occupation CASHIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129607**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. HELEN M. BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 403 W MAIN ST  
 City SILVER LAKE State IN Zip Code 46982-8960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WARSAWCOMMUNITYHIGHSCHOOL Occupation CASHIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133587**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1075.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 78 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOE A. BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4218 WHITSON BRANCH RD  
 City GREEN MTN State NC Zip Code 28740-8100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 788.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131031**  
 Amount of Each Receipt this Period  
 338.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOE A. BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4218 WHITSON BRANCH RD  
 City GREEN MTN State NC Zip Code 28740-8100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 788.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134723**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LIONEL BROWN M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 SHEPARD HILL RD  
 City NEWTOWN State CT Zip Code 06470-1936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DANBURY ORTHOPEDICS Occupation HAND SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137534**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 988.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MRS. NORMA M. BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 LAKE EDEN WAY  
 City DELRAY BEACH State FL Zip Code 33444-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133599**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
**CONTRIBUTION**

**B. W RAE BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 NW 16TH ST  
 City NEWCASTLE State OK Zip Code 73065-6033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.132148**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**C. W RAE BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 NW 16TH ST  
 City NEWCASTLE State OK Zip Code 73065-6033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133998**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. LAWRENCE D. BRUGGEMAN**

Full Name (Last, First, Middle Initial)  
Mailing Address 9815 MIA LANE

City PASCO	State WA	Zip Code 99301-6665
---------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED TECH
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.129395**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

**B. MR. LAWRENCE D. BRUGGEMAN**

Full Name (Last, First, Middle Initial)  
Mailing Address 9815 MIA LANE

City PASCO	State WA	Zip Code 99301-6665
---------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED TECH
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134074**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C. MRS. MOYER MARIE BRUNK**

Full Name (Last, First, Middle Initial)  
Mailing Address 4875 GARDEN TRL

City COLORADO SPRINGS	State CO	Zip Code 80918-4015
--------------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED R.N.
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134076**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	640.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 81 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MRS. SUSAN V. BRUNOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 334 W CEDAR ST  
 City NEW HOLLAND State PA Zip Code 17557-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1825.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128885**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. SUSAN V. BRUNOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 334 W CEDAR ST  
 City NEW HOLLAND State PA Zip Code 17557-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133709**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DAVID A. BRYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5001 COVINGTON CT  
 City COLUMBIA State MO Zip Code 65203-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133910**  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 82 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM D. BRYANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6620 TREEMONT CT  
 City State Zip Code  
 FORT WAYNE IN 46815-8360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136639**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MIKE BUCKO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 VENTURE BLVD S  
 City State Zip Code  
 POINT VENTURE TX 78645-8553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RR ISD TEACHER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 381.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140601**  
 Amount of Each Receipt this Period  
 159.38  
 Memo Item  
 CONTRIBUTION

**C. MR. MIKE BUCKO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 VENTURE BLVD S  
 City State Zip Code  
 POINT VENTURE TX 78645-8553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RR ISD TEACHER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 381.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140940**  
 Amount of Each Receipt this Period  
 31.59  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 415.97  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. BERTEL O. BUDD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1010 CENTENNIAL DR.  
 3695 DOVER RD  
 City CHEYENNE State WY Zip Code 82001-7400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. SCH TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132012**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARY M. BUERGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 STONY RIDGE CT  
 City HILLSDALE State MI Zip Code 49242-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131625**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. HOWARD A. BUESCHEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 UPPER FERRY RD  
 City EWING State NJ Zip Code 08628-1527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136500**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 84 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. BARTON BULMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11500 GOLDENROD RD  
 City State Zip Code  
 CALEDONIA MN 55921-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RETIRED OGR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132931**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MELVIN E. BUNGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2075 TREFOIL RD NE  
 City State Zip Code  
 WAVERLY KS 66871-9305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129911**  
 Amount of Each Receipt this Period  
 180.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MELVIN E. BUNGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2075 TREFOIL RD NE  
 City State Zip Code  
 WAVERLY KS 66871-9305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134447**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2380.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 85 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. VERA M. BURCHETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6532 SOUTH 58TH STREET  
 City LINCORN State NE Zip Code 68516-1426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1674.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128665**  
 Amount of Each Receipt this Period 424.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. VERA M. BURCHETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6532 SOUTH 58TH STREET  
 City LINCORN State NE Zip Code 68516-1426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1674.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133601**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. DAVID W. BURGHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7431 CARUTH BLVD  
 City DALLAS State TX Zip Code 75225-4504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAYLORUNIVERSITYMEDCENTER Occupation FNDN BAYLOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132787**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3924.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. SHERRY BURKHALTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3915 HIGHWAY 5

City BENTON	State AR	Zip Code 72019-8276
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>535.00</b>	

Date of Receipt  
**01 / 01 / 2016**  
**Transaction ID : SA11.131111**

Amount of Each Receipt this Period  
**10.00**

Memo Item  
CONTRIBUTION

**B. MRS. SHERRY BURKHALTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3915 HIGHWAY 5

City BENTON	State AR	Zip Code 72019-8276
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>535.00</b>	

Date of Receipt  
**01 / 01 / 2016**  
**Transaction ID : SA11.134072**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
CONTRIBUTION

**C. MRS. WINSTON BURKHARDT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24600 MARLBORO DR.

City DAMASCUS	State MD	Zip Code 20872-2245
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>400.00</b>	

Date of Receipt  
**01 / 01 / 2016**  
**Transaction ID : SA11.128800**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>310.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 87 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES D. BURLINGAME**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10598 HANCOCK DR.  
 City TYLER State TX Zip Code 75707-6447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BROOKSHIRE GROC CO PHARMACIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128194**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GERALD G. BURTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 733 CASTLE KIRK DR.  
 City BATON ROUGE State LA Zip Code 70808-6018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135541**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ALLEN B. BUSHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18840 AVENUE 22  
 City CHOWCHILLA State CA Zip Code 93610-8803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED USAF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132680**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ALLEN B. BUSHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18840 AVENUE 22  
 City CHOWCHILLA State CA Zip Code 93610-8803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED USAF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136270**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ALLEN B. BUSHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18840 AVENUE 22  
 City CHOWCHILLA State CA Zip Code 93610-8803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED USAF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136771**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DON BYBEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address BOX 161  
 City BORGER State TX Zip Code 79008-0161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GPI Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139721**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ANNE BYRNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 BEACH 123RD ST  
 APT 3L  
 City BELLE HARBOR State NY Zip Code 11694-1877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136117**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MS. ANNE BYRNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 BEACH 123RD ST  
 APT 3L  
 City BELLE HARBOR State NY Zip Code 11694-1877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136768**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DAVID CALKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1405 SOPLO RD SE  
 City ALBUQUERQUE State NM Zip Code 87123-4422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUNRISE MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137755**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. DORIS L. CALLIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 CEDARVIEW VLG  
 City PLAINFIELD State CT Zip Code 06374-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133800**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. DORIS L. CALLIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 CEDARVIEW VLG  
 City PLAINFIELD State CT Zip Code 06374-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136046**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. LYNDAL CAMERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 170 WILDWOOD BEACH RD  
 City QUINCY State MI Zip Code 49082-9592  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134451**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 91 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. GRACE E. CAMPBELL**

Mailing Address 1251 STATE ROUTE 313

City State Zip Code  
CAMBRIDGE NY 12816-3128

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129610**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HARRY CAMPBELL**

Mailing Address 3906 N GLEBE RD

City State Zip Code  
ARLINGTON VA 22207-4340

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

Name of Employer Occupation  
SELF LIFE INSURANCE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137602**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3906 N GLEBE RD

City State Zip Code  
ARLINGTON VA 22207-4340

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

Name of Employer Occupation  
SELF LIFE INSURANCE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139141**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DIANNE CANNON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 945 CHAPPERAL RD  
City WHITESBORO State TX Zip Code 76273-7127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED (FRITO-LAY HDQ) Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 326.44

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137863**  
Amount of Each Receipt this Period 20.16  
 Memo Item  
CONTRIBUTION

**B. MS. DIANNE CANNON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 945 CHAPPERAL RD  
City WHITESBORO State TX Zip Code 76273-7127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED (FRITO-LAY HDQ) Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 326.44

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140567**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
CONTRIBUTION

**C. MS. DIANNE CANNON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 945 CHAPPERAL RD  
City WHITESBORO State TX Zip Code 76273-7127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED (FRITO-LAY HDQ) Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 326.44

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140651**  
Amount of Each Receipt this Period 65.96  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	186.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOE ED CANON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 TIQUEWOOD CIR  
 City ABILENE State TX Zip Code 79605-4937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DODGE JONES FOUNDATION Occupation FINANCIAL MANAG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139639**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MS. HELEN J. CANTRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1607 S OAK ST  
 City OTTAWA State KS Zip Code 66067-3921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. HELEN J. CANTRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1607 S OAK ST  
 City OTTAWA State KS Zip Code 66067-3921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134361**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JOYCE P. CARACCI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5018 RIVERWOOD CIR  
 City JACKSON State MS Zip Code 39211-4739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131887**  
 Amount of Each Receipt this Period 11.00  
 Memo Item CONTRIBUTION

**B. MS. MARGARET R. CARLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25369 HARPERS BRANCH DR.  
 City DENTON State MD Zip Code 21629-3328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134620**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MS. MARGARET R. CARLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25369 HARPERS BRANCH DR.  
 City DENTON State MD Zip Code 21629-3328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136813**  
 Amount of Each Receipt this Period 110.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	221.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JEAN F. CARLTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 FOLLY ROAD BLVD

City CHARLESTON State SC Zip Code 29407-7509

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.98

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.138746**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MRS. JEAN F. CARLTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 FOLLY ROAD BLVD

City CHARLESTON State SC Zip Code 29407-7509

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.98

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.140928**

Amount of Each Receipt this Period  
31.98

Memo Item  
CONTRIBUTION

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

Mailing Address 1730 CELINA RD  
LOT 21

City SAINT MARYS State OH Zip Code 45885-1254

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.133822**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	331.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 96 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. HOWARD H. CARPENTER**  
 Mailing Address 8000 CREEKSIDE DR.  
 City WINDSOR State CA Zip Code 95492-8754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation AGRIC FINANCING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **677.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.132653**  
 Amount of Each Receipt this Period **254.00**  
 Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. HOWARD H. CARPENTER**  
 Mailing Address 8000 CREEKSIDE DR.  
 City WINDSOR State CA Zip Code 95492-8754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation AGRIC FINANCING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **677.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134304**  
 Amount of Each Receipt this Period **254.00**  
 Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MRS. SHIRLEY T. CARPENTER**  
 Mailing Address 566 SAN REMO CIR  
 City INVERNESS State FL Zip Code 34450-4348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **320.16**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135789**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... **608.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. SHIRLEY T. CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 566 SAN REMO CIR  
 City INVERNESS State FL Zip Code 34450-4348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136789**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. TONY CARRILLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 BELMONTE LN  
 City EVERETT State WA Zip Code 98201-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EVERGREENHEALTH Occupation DIRECTOR, SUPPL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138225**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

**C. MR. TONY CARRILLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 BELMONTE LN  
 City EVERETT State WA Zip Code 98201-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EVERGREENHEALTH Occupation DIRECTOR, SUPPL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138419**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. TONY CARRILLO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2901 BELMONTE LN

City EVERETT State WA Zip Code 98201-1241

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

Name of Employer EVERGREENHEALTH Occupation DIRECTOR, SUPPL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.138589**

Amount of Each Receipt this Period  
 20.16

Memo Item  
CONTRIBUTION

**B. MR. TONY CARRILLO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2901 BELMONTE LN

City EVERETT State WA Zip Code 98201-1241

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

Name of Employer EVERGREENHEALTH Occupation DIRECTOR, SUPPL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.139240**

Amount of Each Receipt this Period  
 75.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3313 LEE ST

City SKOKIE State IL Zip Code 60076-2423

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 309.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.136308**

Amount of Each Receipt this Period  
 103.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	198.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAY W. CARTER JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2730 COMMERCE ST  
STE 500

City WICHITA FALLS State TX Zip Code 76301-8066

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

Name of Employer CARTER AVIATION Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.133896**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MR. JAY W. CARTER JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2730 COMMERCE ST  
STE 500

City WICHITA FALLS State TX Zip Code 76301-8066

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

Name of Employer CARTER AVIATION Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.140194**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MRS. LILY M. CARVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1002 HICKORY LOG DR.  
APT 13

City DEXTER State MO Zip Code 63841-2723

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.128698**

Amount of Each Receipt this Period  
90.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 100 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. STEPHEN W. CARVETH**  
Full Name (Last, First, Middle Initial)

Mailing Address 6200 BLACK FOREST DR.

City LINCOLN	State NE	Zip Code 68516-2392
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.135901**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MRS. TIFFANY CASARES**  
Full Name (Last, First, Middle Initial)

Mailing Address 12483 BRADDOCK DR.

City LOS ANGELES	State CA	Zip Code 90066-6813
---------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.131787**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

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

Mailing Address 12483 BRADDOCK DR.

City LOS ANGELES	State CA	Zip Code 90066-6813
---------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.134625**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 101 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARY RUTH CASE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34 MAPLE LN  
City WASHINGTON State IA Zip Code 52353-1835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 332.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.135924**  
Amount of Each Receipt this Period  
83.00  
 Memo Item  
CONTRIBUTION

**B. MR. MICHAEL D. CASE SR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1833 DOLCE DR.  
City LAS VEGAS State NV Zip Code 89134-6151  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.136553**  
Amount of Each Receipt this Period  
300.00  
 Memo Item  
CONTRIBUTION

**C. MR. IRVIN H. CATLETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1078 BUFFALO RD  
City DILLWYN State VA Zip Code 23936-2176  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
SELF EMP RET. FARMER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.132166**  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 483.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. IRVIN H. CATLETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1078 BUFFALO RD  
 City DILLWYN State VA Zip Code 23936-2176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMP Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133985**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**B. PATT CAVANAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7850 EL SENDERO APT 10  
 City SCOTTSDALE State AZ Zip Code 85266-1217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138052**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIS G. CAVNAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19100 SE 89TH ST  
 City NEWALLA State OK Zip Code 74857-7949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132087**  
 Amount of Each Receipt this Period 53.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	653.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 103 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID C. CHAMBERS**  
 Mailing Address 1456 TALLAC LN  
 City State Zip Code  
 LINCOLN CA 95648-8746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134448**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. COL ROBERT I. CHANNON**  
 Mailing Address 3850 GALLERIA WOODS DR.  
 APT 19  
 City State Zip Code  
 BIRMINGHAM AL 35244-1093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135356**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. COL ROBERT I. CHANNON**  
 Mailing Address 3850 GALLERIA WOODS DR.  
 APT 19  
 City State Zip Code  
 BIRMINGHAM AL 35244-1093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137899**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 104 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. BENJAMIN G. CHAPMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 LAKECREST LN  
 City State Zip Code  
 GROSE POINTE FARM MI 48236-3714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132044**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. FRANK CHASE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8106 HIGHWOOD DR.  
 APT Y137  
 City State Zip Code  
 MINNEAPOLIS MN 55438-3031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128447**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MS. PATRICIA CHELSETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2772 PONDEROSA RD  
 City State Zip Code  
 SHINGLE SPRINGS CA 95682-9423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 229.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138282**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 105 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. PATRICIA CHELSETH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2772 PONDEROSA RD  
City SHINGLE SPRINGS State CA Zip Code 95682-9423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation FARMER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 229.08

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139720**  
Amount of Each Receipt this Period 20.16  
 Memo Item  
CONTRIBUTION

**B. MS. PATRICIA CHELSETH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2772 PONDEROSA RD  
City SHINGLE SPRINGS State CA Zip Code 95682-9423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation FARMER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 229.08

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.141061**  
Amount of Each Receipt this Period 26.88  
 Memo Item  
CONTRIBUTION

**C. MR. GORDON CHIASOON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3036 NORTHFIELD CT  
City HOWELL State MI Zip Code 48843-6460  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STANDFAST INDUSTRIES Occupation RET. ENG  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129799**  
Amount of Each Receipt this Period 400.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 447.04  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. BILL W. CHILDS**

Mailing Address **6299 LONE PEAK DRIVE**

City <b>EVERGREEN</b>	State <b>CO</b>	Zip Code <b>80439-5530</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.128135**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BILL W. CHILDS**

Mailing Address **6299 LONE PEAK DRIVE**

City <b>EVERGREEN</b>	State <b>CO</b>	Zip Code <b>80439-5530</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.136635**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **P.O. BOX 4877**

City <b>FOSTER CITY</b>	State <b>CA</b>	Zip Code <b>94404-0877</b>
----------------------------	--------------------	-------------------------------

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

Name of Employer <b>SELF</b>	Occupation <b>PROPERTY MNGR</b>
---------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.128383**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. JANIS CHRISTENSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1233 E 2250 N  
 City OGDEN State UT Zip Code 84414-2572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136665**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JEAN CHRISTENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10739 WHEELER RD  
 City CENTRAL POINT State OR Zip Code 97502-9391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE TEACHERS RETIREMENT Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138404**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JEAN CHRISTENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10739 WHEELER RD  
 City CENTRAL POINT State OR Zip Code 97502-9391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE TEACHERS RETIREMENT Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139080**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 108 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JEAN CHRISTENSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10739 WHEELER RD  
City CENTRAL POINT State OR Zip Code 97502-9391  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE TEACHERS RETIREMENT Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.64**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.139783**  
Amount of Each Receipt this Period **15.00**  
 Memo Item CONTRIBUTION

**B. MR. STANLEY D. CHRISTENSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2087 WINDMILL VIEW RD  
City EL CAJON State CA Zip Code 92020-1351  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CITY OF SAN DIEGO, CA Occupation RT FIRE FIGHTER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.128546**  
Amount of Each Receipt this Period **50.00**  
 Memo Item CONTRIBUTION

**C. MR. STANLEY D. CHRISTENSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2087 WINDMILL VIEW RD  
City EL CAJON State CA Zip Code 92020-1351  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CITY OF SAN DIEGO, CA Occupation RT FIRE FIGHTER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134899**  
Amount of Each Receipt this Period **50.00**  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **115.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MISS GERALDINE CHURCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5604 HOLLYBROOK DR.  
 City TYLER State TX Zip Code 75703-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131652**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MISS GERALDINE CHURCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5604 HOLLYBROOK DR.  
 City TYLER State TX Zip Code 75703-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133792**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. GEORGIA H. CLARIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14791 CAMINITO ORENSE OESTE  
 City SAN DIEGO State CA Zip Code 92129-1503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134876**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MR. DAVID CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3180 HOLMES HOLLOW RD  
 City DELHI State NY Zip Code 13753-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134142**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. EDWARD P. CLARKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 LEDGE RD  
 APT 127  
 City DARIEN State CT Zip Code 06820-4499  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136129**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. NORMAN L. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 E MASON LAKE DR. E  
 City GRAPEVIEW State WA Zip Code 98546-9775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REID REAL ESTATE REALTOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135219**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 111 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD L. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 575 HOLLAND DR.  
 City State Zip Code  
 FORTSON GA 31808-3707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135784**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ALLEN E. COBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8083 VICTORY ST  
 City State Zip Code  
 VICKSBURG MI 49097-9300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. PASTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131278**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ALLEN E. COBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8083 VICTORY ST  
 City State Zip Code  
 VICKSBURG MI 49097-9300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. PASTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134239**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 312.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MRS. ELEANOR L. COBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 S VISTA ST  
 ELEANOR L COBB TRUST  
 City LOS ANGELES State CA Zip Code 90036-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.133882**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DORIS COFONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4710 THOM RD  
 City MEBANE State NC Zip Code 27302-9258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.136604**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LYNNE COLLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 QUAIL XING  
 City MORAGA State CA Zip Code 94556-2635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.131911**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. LYNNE COLLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 QUAIL XING  
 City MORAGA State CA Zip Code 94556-2635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134388**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARY S. COLLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7460 LAKE BREEZE DR. APT 134  
 City FORT MYERS State FL Zip Code 33907-8094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129747**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARY S. COLLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7460 LAKE BREEZE DR. APT 134  
 City FORT MYERS State FL Zip Code 33907-8094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133606**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM A. COLLINGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13417 BLENFIELD RD  
 City PHOENIX State MD Zip Code 21131-2216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134317**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. STEPHANIE CONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 TOWER ST  
 City PAOLA State KS Zip Code 66071-1318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130055**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. DR. GARY G. COOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 WING LN  
 City WINTER PARK State FL Zip Code 32789-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PERIODONTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135970**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 115 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. GARY G. COOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 WING LN  
 City WINTER PARK State FL Zip Code 32789-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PERIODONTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136055**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JOAN D. COOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12078 DRAKE ST NW  
 City COON RAPIDS State MN Zip Code 55448-1920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136767**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. EVA F. COSBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 VANN CIR  
 City TRUSSVILLE State AL Zip Code 35173-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129816**  
 Amount of Each Receipt this Period 106.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1306.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. EVA F. COSBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 VANN CIR  
 City TRUSSVILLE State AL Zip Code 35173-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135387**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MICHAEL J. COTTRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1783 APPLE BLVD  
 City MARIETTA State GA Zip Code 30066-2954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133686**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT S. COULTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 E DEERFIELD ST  
 City SPRINGFIELD State MO Zip Code 65807-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 US MARINE CORPS RET. MILITARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132691**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	706.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 117 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT S. COULTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 E DEERFIELD ST  
 City Springfield State MO Zip Code 65807-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US MARINE CORPS Occupation RET. MILITARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133961**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DEBORAH R. COWDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3437 COUNTY ROAD 959  
 City Loudonville State OH Zip Code 44842-9308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KNOX CO HEALTH DEPT Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135303**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DEBORAH R. COWDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3437 COUNTY ROAD 959  
 City Loudonville State OH Zip Code 44842-9308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KNOX CO HEALTH DEPT Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135304**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WAYNE O. CRANDALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 511 HENLEY DR.  
 City NAPLES State FL Zip Code 34104-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer U S A F Occupation RET. OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134003**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. BEVERLY T. CRANSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11408 SEAGLADE DR.  
 City PENSACOLA State FL Zip Code 32507-9164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136685**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. KENT J. CRAVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 E ROBINWOOD ST  
 City SIDNEY State OH Zip Code 45365-1655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MUTUAL FEDERAL SAV. BANK Occupation BANKING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134240**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DENNIS W. CRAWFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1106 MOONLIGHT SUMMIT DR.

City DIAMOND BAR	State CA	Zip Code 91765-1126
---------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.22

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.138344**

Amount of Each Receipt this Period  
20.16

Memo Item  
CONTRIBUTION

**B. MR. DENNIS W. CRAWFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1106 MOONLIGHT SUMMIT DR.

City DIAMOND BAR	State CA	Zip Code 91765-1126
---------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.22

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.140644**

Amount of Each Receipt this Period  
69.95

Memo Item  
CONTRIBUTION

**C. MR. FRED W. CRIDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 BROWN RD

City NOTTINGHAM	State PA	Zip Code 19362-9026
--------------------	-------------	------------------------

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

Name of Employer SELF	Occupation FARMER
--------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.134622**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	590.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EDWIN D. CRIM**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 MASONIC DR.  
APT 3G

City Springfield State OH Zip Code 45504-3683

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.131283**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B. MR. EDWIN D. CRIM**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 MASONIC DR.  
APT 3G

City Springfield State OH Zip Code 45504-3683

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.133567**

Amount of Each Receipt this Period  
3000.00

Memo Item CONTRIBUTION

**C. MRS. JUDITH H. CROCKETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 21312 TARRACO

City MISSION VIEJO State CA Zip Code 92692-5921

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.134390**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JERRY CROSBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 171 NAVAHO TRL  
 City GEORGETOWN State SC Zip Code 29440-5849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139997**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT CROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8537 WOODLAKE CIR  
 City FORT WORTH State TX Zip Code 76179-3143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation HOME BLDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129101**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JUDITH H. CROW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3170 WOODLEIGH LN  
 City CAMERON PARK State CA Zip Code 95682-8127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FREMONT UNIFIED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132413**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. ROBERT C. CULPEPPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 PARK PLACE DR.  
 City ALEXANDRIA State LA Zip Code 71301-3947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PREMIER PEDIATRIC CLINIC Occupation PEDIATRICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132271**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. AMY H. CULVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 YEARLING CT  
 City IRMO State SC Zip Code 29063-2939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133929**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ELIZABETH CUMMINGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 COLEGATE DR.  
 City MARIETTA State OH Zip Code 45750-1504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PIANO TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136285**  
 Amount of Each Receipt this Period 113.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2713.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GARY W. CUMMINGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41234 SEA ISLAND COURT NW  
 City TEMECULA State CA Zip Code 92591-3998  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134663**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GARY W. CUMMINGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41234 SEA ISLAND COURT NW  
 City TEMECULA State CA Zip Code 92591-3998  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136069**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. CARLENE CURLEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5344 HOPGOOD RD  
 City ACWORTH State GA Zip Code 30102-2428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134624**  
 Amount of Each Receipt this Period  
 226.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	426.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CARLENE CURLEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5344 HOPGOOD RD

City ACWORTH State GA Zip Code 30102-2428

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.138883**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. ARLIS S. CURTIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 10050 W ROYAL OAK RD  
APT K

City SUN CITY State AZ Zip Code 85351-3137

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.134470**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MS. MOLLY K. CURTIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 16781 ROSE PARK DR.

City NAMPA State ID Zip Code 83687-8426

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

Name of Employer RETIRED Occupation RETSCHTEACHCOUN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.130322**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ROBERTA DAGOSTINO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2377 NE WINTERGREEN DR.  
 City BEND State OR Zip Code 97701-7660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. R N  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131286**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. EDWARD L. DAVIDSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19141 N MIRA BELLO RD  
 City SURPRISE State AZ Zip Code 85374-9558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136765**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JEANNE B. DAVIES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3377 MILL VISTA RD  
 UNIT 3611  
 City HIGHLANDS RANCH State CO Zip Code 80129-2410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134728**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 126 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. DENNIS DAVIS**

Mailing Address 3316 PEPPERS BRIDGE RD

City State Zip Code  
WALLA WALLA WA 99362-7003

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

Name of Employer Occupation  
COLLEGE PLACE HEATING & A CONTRACTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132844**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. JANE D. DAVIS**

Mailing Address 13700 N GAYTON RD  
APT 110

City State Zip Code  
HENRICO VA 23233-7069

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.127871**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. JANE D. DAVIS**

Mailing Address 13700 N GAYTON RD  
APT 110

City State Zip Code  
HENRICO VA 23233-7069

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134693**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 127 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JUANITA M. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10606 W ATLANTA CIR  
 City State Zip Code  
 WICHITA KS 67215-3010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OCPS PUB SCHOOL RET. SCH TEACHER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133290**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JUANITA M. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10606 W ATLANTA CIR  
 City State Zip Code  
 WICHITA KS 67215-3010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OCPS PUB SCHOOL RET. SCH TEACHER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133987**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. REBECCA S. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 985 BLACKBOTTOM RD  
 City State Zip Code  
 LIBERTY SC 29657-9170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 574.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128348**  
 Amount of Each Receipt this Period  
 212.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 322.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 128 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. REBECCA S. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 985 BLACKBOTTOM RD  
 City LIBERTY State SC Zip Code 29657-9170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 574.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128986**  
 Amount of Each Receipt this Period  
 212.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. REBECCA S. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 985 BLACKBOTTOM RD  
 City LIBERTY State SC Zip Code 29657-9170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 574.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132772**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. COL RICHARD C. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8024 REGENT PARK LN  
 City CHARLOTTE State NC Zip Code 28210-5742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. USAF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130099**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 512.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. COL RICHARD C. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 8024 REGENT PARK LN

City CHARLOTTE State NC Zip Code 28210-5742

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

Name of Employer RETIRED Occupation RET. USAF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134973**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

**B. MR. WILLIAM M. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5000 W NATIONAL AVE  
FL 8 A SOUTH RM 8123-3

City MILWAUKEE State WI Zip Code 53295-0001

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

Name of Employer RETIRED Occupation TRMT PLANT OPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.135971**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

**C. MR. WILLIAM M. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 21425 G SPRING ST  
RM 384 WISCONSIN VET HOME

City UNION GROVE State WI Zip Code 53182-9707

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

Name of Employer RETIRED Occupation PLANT OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.136220**

Amount of Each Receipt this Period  
 300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN L. DAWSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5278 LA CANADA BLVD  
 City LA CANADA FLINTRID State CA Zip Code 91011-1722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133454**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT W. DE LISLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31458 RIVER DR.  
 City MILLVILLE State DE Zip Code 19970-3882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136039**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT W. DE LISLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31458 RIVER DR.  
 City MILLVILLE State DE Zip Code 19970-3882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136802**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EDWARD DE NEVE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1828 POWESHIEK IOWA RD  
 City VICTOR State IA Zip Code 52347-8547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135069**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RON DE WEERD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 18TH AVE SE  
 City ROCK VALLEY State IA Zip Code 51247-1600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FOODS RESOURCE BANK Occupation DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.32

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139659**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**C. MS. JOY A. DEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 W WILSON BLVD  
 City HAGERSTOWN State MD Zip Code 21740-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF( )  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131782**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. JOY A. DEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 W WILSON BLVD  
 City HAGERSTOWN State MD Zip Code 21740-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.134627**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. FRANK M. DECARLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1309 TRIANDRA LN  
 City NAPLES State FL Zip Code 34119-3341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FIRST GENERAL US SELF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.133628**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. FRANK M. DECARLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1309 TRIANDRA LN  
 City NAPLES State FL Zip Code 34119-3341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FIRST GENERAL US SELF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.133629**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MRS. EDITH A. DEEGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25651 WHISPERING TREES WAY  
 City VALENCIA State CA Zip Code 91355-2434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131069**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MRS. EDITH A. DEEGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25651 WHISPERING TREES WAY  
 City VALENCIA State CA Zip Code 91355-2434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134053**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**C. MS. MARILYN K. DEFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 W HILLSIDE AVE  
 City SPENCER State IN Zip Code 47460-1341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INSURANCE SERVICES INC Occupation P/T CLERICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130134**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. MARILYN K. DEFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 W HILLSIDE AVE  
 City State Zip Code  
 SPENCER IN 47460-1341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INSURANCE SERVICES INC P/T CLERICAL  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132843**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT MICHAEL DELANEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 JEFFERSON ST  
 City State Zip Code  
 GARDEN CITY NY 11530-3914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED INVESTOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136694**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. GEORGE B. DELAPLAINE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11732 OLD ANNAPOLIS RD  
 City State Zip Code  
 FREDERICK MD 21701-3430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED FINANCE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135664**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 135 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARIE K. DELASSUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7655 WATSON RD  
 APT 236  
 City SAINT LOUIS State MO Zip Code 63119-5053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134972**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARIE K. DELASSUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7655 WATSON RD  
 APT 236  
 City SAINT LOUIS State MO Zip Code 63119-5053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135523**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. PAUL J. DEPUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6764 E HOMER BALTIMORE RD  
 City HOMER State NY Zip Code 13077-9451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136115**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. PAUL J. DEPUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6764 E HOMER BALTIMORE RD  
 City HOMER State NY Zip Code 13077-9451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136620**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. BEVERLEY G. DERR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 BITLER RD  
 City MILLVILLE State PA Zip Code 17846-9265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133750**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BEVERLEY G. DERR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 BITLER RD  
 City MILLVILLE State PA Zip Code 17846-9265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138482**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. RUTH DESETTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 148 HAYWOOD VALLEY RD  
 City ARMUCHEE State GA Zip Code 30105-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132205**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. RUTH DESETTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 148 HAYWOOD VALLEY RD  
 City ARMUCHEE State GA Zip Code 30105-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134052**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JEANETTE DETERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3204 E MEADOW LANE  
 City DECATUR State IL Zip Code 62521-2334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129187**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 138 OF 1531  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JEANETTE DETERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3204 E MEADOW LANE  
 City State Zip Code  
 DECATUR IL 62521-2334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133931**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WAYNE DEUBNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4080 HIGHWAY 344 N  
 City State Zip Code  
 BROCKTON MT 59213-9403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138072**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. EDWIN L. DEVILBISS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 SPARTINA POINT DR.  
 City State Zip Code  
 HILTON HEAD ISLAND SC 29926-1077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135481**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 139 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. S/SGT RICHARD L. DEVRIES USAF RET.**

Mailing Address 761 PATTERNS DR. SW

City	State	Zip Code
MABLETON	GA	30126-1664

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

Name of Employer	Occupation
RETIRED	HEALTH TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129637**

Amount of Each Receipt this Period  
 1.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GONZALO E. DIAZ**

Mailing Address 5520 SW 72ND AVE

City	State	Zip Code
MIAMI	FL	33155-5517

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135045**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. NORMA E. DIBBLE**

Mailing Address 4001 PTARMIGAN PIAZZA

City	State	Zip Code
GRAND JUNCTION	CO	81506-8446

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131759**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1101.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. RHONDA E. DICKEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12618 3RD ST  
 APT 49  
 City YUCAIPA State CA Zip Code 92399-4545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136229**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. ELSIE C. DICKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 WAYNE ST  
 City AUBURN State IN Zip Code 46706-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129470**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. ELSIE C. DICKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 WAYNE ST  
 City AUBURN State IN Zip Code 46706-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131185**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 141 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ELSIE C. DICKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 WAYNE ST  
 City AUBURN State IN Zip Code 46706-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133994**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. THOMAS J. DIETER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9926 PETERSBURG RD  
 City EVANSVILLE State IN Zip Code 47725-1456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136537**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. CHARLES T. DILTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 STATE ROUTE 309  
 City ADA State OH Zip Code 45810-9428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129929**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 530.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 142 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. GLADYS E. DOANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 BROADVIEW  
 City KIRKSVILLE State MO Zip Code 63501-2758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129367**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**B. MS. GLADYS E. DOANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 BROADVIEW  
 City KIRKSVILLE State MO Zip Code 63501-2758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133484**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 CONTRIBUTION

**C. MR. GLENN L. DOBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13501 S BENTZ RD  
 City CHENEY State WA Zip Code 99004-9660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136310**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1040.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GLENN L. DOBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13501 S BENTZ RD  
 City CHENEY State WA Zip Code 99004-9660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136468**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GLENN L. DOBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13501 S BENTZ RD  
 City CHENEY State WA Zip Code 99004-9660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136628**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DAVID M. DOHACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6939 WEBER RD  
 City SAINT LOUIS State MO Zip Code 63123-3001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135072**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	410.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 144 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MRS. CAROL DOIRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5968 ROLLINGSFJORD DR.  
 City LIBERTY TWP      State OH      Zip Code 45011-9370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED      Occupation RETIRED  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132727**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. CAROL DOIRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5968 ROLLINGSFJORD DR.  
 City LIBERTY TWP      State OH      Zip Code 45011-9370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED      Occupation RETIRED  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134148**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT J. DOMINIX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4756 PINTAIL DR.  
 City TALLAHASSEE      State FL      Zip Code 32317-8404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED      Occupation ELECTRICAN  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133995**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. SUZANNE H. DONALDSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 226 MOLASSES LN

City MT PLEASANT State SC Zip Code 29464-2519

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134541**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

**B. MR. JACK D. DONNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5190 S JACK RABBIT DR.

City FORT MOHAVE State AZ Zip Code 86426-9207

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

Name of Employer PERA Occupation RETSTATETROOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.131710**

Amount of Each Receipt this Period  
 106.00

Memo Item  
CONTRIBUTION

**C. MR. JACK D. DONNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5190 S JACK RABBIT DR.

City FORT MOHAVE State AZ Zip Code 86426-9207

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

Name of Employer PERA Occupation RETSTATETROOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.135522**

Amount of Each Receipt this Period  
 212.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	568.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 146 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. H JAMES DORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 WALNUT CREEK ROAD  
 City State Zip Code  
 CORDOVA TN 38018-7200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED GEOPHYS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 318.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133781**  
 Amount of Each Receipt this Period  
 212.00  
 Memo Item  
 CONTRIBUTION

**B. DR. H JAMES DORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 WALNUT CREEK ROAD  
 City State Zip Code  
 CORDOVA TN 38018-7200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED GEOPHYS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 318.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135016**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. NANCY L. DORR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6550 CHARDONNAY  
 City State Zip Code  
 PENSACOLA FL 32504-7860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF HOMEKEEPER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131186**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 418.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. NANCY L. DORR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6550 CHARDONNAY  
 City PENSACOLA State FL Zip Code 32504-7860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation HOMEKEEPER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135181**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. DONALD J. DOUGLASS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 EDGEWATER WAY  
 City MERRITT IS State FL Zip Code 32953-8347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.129243**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. DONALD J. DOUGLASS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 EDGEWATER WAY  
 City MERRITT IS State FL Zip Code 32953-8347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133888**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. PRISCILLA T. DOUGLAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 CLUSTER ST  
 City FOLEY State AL Zip Code 36535-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DADE CO SCH, FL Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134443**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JESSE B. DOURTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1992 WISGARVER RD  
 City MANHEIM State PA Zip Code 17545-9425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134901**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOHN DOWD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1529 CROWELL RD  
 City VIENNA State VA Zip Code 22182-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AKIN, GUMP, STRAUSS, HAUE Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138607**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SYLVIA DOWNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 S HAWK DR.  
 City RAINBOW CITY State AL Zip Code 35906-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129437**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

**B. MS. SYLVIA DOWNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 S HAWK DR.  
 City RAINBOW CITY State AL Zip Code 35906-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135111**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

**C. MS. SYLVIA DOWNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 S HAWK DR.  
 City RAINBOW CITY State AL Zip Code 35906-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.141074**  
 Amount of Each Receipt this Period 25.93  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.93  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 150 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN H. DOWNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29158 COUNTY HIGHWAY 26  
 City State Zip Code  
 DETROIT LAKES MN 56501-7816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128973**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN H. DOWNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29158 COUNTY HIGHWAY 26  
 City State Zip Code  
 DETROIT LAKES MN 56501-7816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134573**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. PRUDY DREW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 FAIRVIEW AVE  
 City State Zip Code  
 WENATCHEE WA 98801-6821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134151**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 151 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DELBERT E. DRISKILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5714 GABOR DR.  
 City SAN ANTONIO State TX Zip Code 78240-3407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129471**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DELBERT E. DRISKILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5714 GABOR DR.  
 City SAN ANTONIO State TX Zip Code 78240-3407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136688**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT E. DROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9308 TRAIL HILL DR.  
 City DALLAS State TX Zip Code 75238-1436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133824**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 152 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. ALEXANDER DROZDIAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3201 COULTER RD  
 City WHITE OAK State PA Zip Code 15131-3211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **340.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134221**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
**CONTRIBUTION**

**B. MRS. RUTHIE DUENNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3817 E 111TH ST  
 City TULSA State OK Zip Code 74137-7404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.128988**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. DON DUERST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 99  
 City BURLINGTON State CO Zip Code 80807-0099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135889**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. WILLIAM V. DUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41964 ELSMERE RD  
 City AINSWORTH State NE Zip Code 69210-1752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131709**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. PATRICIA DURBIN-HOTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 PRINCETON DR.  
 City COSTA MESA State CA Zip Code 92626-6163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133517**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PATRICIA DURBIN-HOTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 PRINCETON DR.  
 City COSTA MESA State CA Zip Code 92626-6163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134774**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 154 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. JOHN G. DURKOVIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2620 FOREST LK  
 City State Zip Code  
 SANTA ANA CA 92705-6924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PACIFIC SW DISTRICT LCMS LUTHERANCLERGYM  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136369**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN G. DURKOVIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2620 FOREST LK  
 City State Zip Code  
 SANTA ANA CA 92705-6924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PACIFIC SW DISTRICT LCMS LUTHERANCLERGYM  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136816**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. LESLIE DUTTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 BUZZELL ROAD  
 City State Zip Code  
 BIDDEFORD ME 04005-9357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED SPIRITUAL COUNSELOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 213.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140613**  
 Amount of Each Receipt this Period  
 106.99  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 306.99  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 155 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. ROSEMARY EASLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3184 PARKSIDE DR.  
 City SAN BERNARDINO State CA Zip Code 92404-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135217**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. RUTH M. EASTLUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 LYNNE PL  
 City HILLSDALE State NJ Zip Code 07642-1105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 3M CO RET. 3M SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129902**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. RUTH M. EASTLUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 LYNNE PL  
 City HILLSDALE State NJ Zip Code 07642-1105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 3M CO RET. 3M SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133649**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ELVA W. EASTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 682 ANGLINE DR.  
 City YOUNGSTOWN State OH Zip Code 44512-6572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.134839**  
 Amount of Each Receipt this Period: **200.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. BRUCE WAYNE EBERLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1449 MONTAGUE DR.  
 City VIENNA State VA Zip Code 22182-1440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **ECG, INC** Occupation: **DIRECT MARKETIN**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.138291**  
 Amount of Each Receipt this Period: **1000.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. FRANK R. EBERL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6520 196TH ST SW APT 381  
 City LYNNWOOD State WA Zip Code 98036-4555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.131270**  
 Amount of Each Receipt this Period: **375.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1575.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 157 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ALEX EBNETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 KINGSBORO LN  
 City CROSSVILLE State TN Zip Code 38558-6452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130095**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. RUTH E. ECKERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3528 ATWOOD AVE  
 APT 106  
 City MADISON State WI Zip Code 53714-2886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132172**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. RUTH E. ECKERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3528 ATWOOD AVE  
 APT 106  
 City MADISON State WI Zip Code 53714-2886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136607**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GARY NEIL ECKHARDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16796 WEST 61ST PLACE  
 City ARVADA State CO Zip Code 80403-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STANTEC CONSULTING Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138318**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GARY NEIL ECKHARDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16796 WEST 61ST PLACE  
 City ARVADA State CO Zip Code 80403-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STANTEC CONSULTING Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138319**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DELOIS A. EDDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1202 VIEW STREET  
 City MORRILTON State AR Zip Code 72110-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133000**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DELOIS A. EDDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1202 VIEW STREET  
 City MORRILTON State AR Zip Code 72110-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134383**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MS. DELOIS A. EDDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1202 VIEW STREET  
 City MORRILTON State AR Zip Code 72110-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136339**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**C. MS. GRACE MARY EDERER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 YORK AVE S APT 817  
 City MINNEAPOLIS State MN Zip Code 55435-4758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131228**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. GRACE MARY EDERER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 YORK AVE S  
 APT 817  
 City MINNEAPOLIS State MN Zip Code 55435-4758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132199**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. PHYLLIS J. EDEWARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3309 E CANE DR.  
 City KINGMAN State AZ Zip Code 86409-8459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129689**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PHYLLIS J. EDEWARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3309 E CANE DR.  
 City KINGMAN State AZ Zip Code 86409-8459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131268**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.16
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 161 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CLEMENTINA R. EDWARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 CHURCH ST  
 City CHARLESTON State SC Zip Code 29401-2743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133597**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 CONTRIBUTION

**B. TED L. EDWARDS JR. M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4201 BEE CAVES ROAD  
 SUITE B112  
 City WEST LAKE HILLS State TX Zip Code 78746-6458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132596**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. THOMAS EDWARDS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1082 PATTERSON MILL DR.  
 City MARTIN State SC Zip Code 29836-2520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132775**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. FRANCIS E. EGGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1306 W KIRBY ST  
 City TAMPA State FL Zip Code 33604-4710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129601**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MR. FRANCIS E. EGGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1306 W KIRBY ST  
 City TAMPA State FL Zip Code 33604-4710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133887**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT J. EGLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2681 CAMERON PARK DR.  
 SPC 90  
 City CAMERON PARK State CA Zip Code 95682-8840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation TRUCK MECHANIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128952**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 163 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT J. EGLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2681 CAMERON PARK DR.  
 SPC 90  
 City CAMERON PARK State CA Zip Code 95682-8840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation TRUCK MECHANIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131643**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT J. EGLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2681 CAMERON PARK DR.  
 SPC 90  
 City CAMERON PARK State CA Zip Code 95682-8840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation TRUCK MECHANIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133679**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT W. EHRET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30544 GOLF CLUB RD  
 City EVERGREEN State CO Zip Code 80439-8880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137007**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 164 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ILENE G. EHRlich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3505 FOOT HILLS DR.  
 City WEATHERFORD State TX Zip Code 76087-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131719**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ILENE G. EHRlich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3505 FOOT HILLS DR.  
 City WEATHERFORD State TX Zip Code 76087-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134629**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ILENE G. EHRlich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3505 FOOT HILLS DR.  
 City WEATHERFORD State TX Zip Code 76087-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138906**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 535.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 165 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. STAN EISELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 W. STAFFORD DR.  
 City State Zip Code  
 EAGLE ID 83616-6487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SAMG PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 331.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130516**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. DR. STAN EISELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 W. STAFFORD DR.  
 City State Zip Code  
 EAGLE ID 83616-6487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SAMG PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 331.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140406**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. DR. STAN EISELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 W. STAFFORD DR.  
 City State Zip Code  
 EAGLE ID 83616-6487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SAMG PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 331.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140945**  
 Amount of Each Receipt this Period  
 31.21  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 331.21  
**TOTAL** This Period (last page this line number only).....▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN H. ELDER**

Mailing Address 1616 LAKESIDE DR.  
UNIT A

City State Zip Code  
CHAMPAIGN IL 61821-5577

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

Name of Employer Occupation  
MEYER CAPEL LAW OFFICE ATTORNEY

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.129606**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN H. ELDER**

Mailing Address 1616 LAKESIDE DR.  
UNIT A

City State Zip Code  
CHAMPAIGN IL 61821-5577

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

Name of Employer Occupation  
MEYER CAPEL LAW OFFICE ATTORNEY

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.139116**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3310 HAVEN HILL RD

City State Zip Code  
SPRINGFIELD OH 45502-8691

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

Name of Employer Occupation  
SELF SPEECH LANG PAT

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.128184**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARVIS C. ELFERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3310 HAVEN HILL RD  
 City Springfield State OH Zip Code 45502-8691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation SPEECH LANG PAT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1900.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.131431**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
**CONTRIBUTION**

**B. MS. MARVIS C. ELFERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3310 HAVEN HILL RD  
 City Springfield State OH Zip Code 45502-8691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation SPEECH LANG PAT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1900.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133858**  
 Amount of Each Receipt this Period **800.00**  
 Memo Item  
**CONTRIBUTION**

**C. MRS. NORMA C. ELLINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1227 W BARKER AVE  
 City PEORIA State IL Zip Code 61606-1705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.129107**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 168 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SANDRA L. ELLIOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3069 WOODLAND PL  
 City AKRON State OH Zip Code 44312-5057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ADULT FOSTER CA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134386**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**B. MS. SANDRA L. ELLIOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3069 WOODLAND PL  
 City AKRON State OH Zip Code 44312-5057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ADULT FOSTER CA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138071**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MR. CHARLES E. ENGELKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 CHEMUNG PL  
 City JERICHO State NY Zip Code 11753-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICSPROF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135644**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 169 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. COL FREDERICK C. ENGELMAN JR. USAF R**

Mailing Address 748 GREY EAGLE CIR S

City State Zip Code  
COLORADO SPRINGS CO 80919-1614

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

Name of Employer Occupation  
RETIRED P/T VOLUNTEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133748**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. GLENN F. ENGEN**

Mailing Address 965 SE DATE AVE

City State Zip Code  
COLLEGE PLACE WA 99324-1634

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132317**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. TOM M. ENGLISH**

Mailing Address 13915 SW FLORENTINE AVE

City State Zip Code  
PORTLAND OR 97223-0694

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

Name of Employer Occupation  
NW RUBBER EX. SALES MGNR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134970**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. VIRGINIA P. ENRIQUEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6428 SOLANDRA DR. S  
 City JACKSONVILLE State FL Zip Code 32210-7065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PRESCH BIBLE TE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135017**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MS. KATHLEEN C. ENTWISLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10451 BELLS FERRY RD APT 1112  
 City CANTON State GA Zip Code 30114-1294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136461**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. MS. KATHLEEN C. ENTWISLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10451 BELLS FERRY RD APT 1112  
 City CANTON State GA Zip Code 30114-1294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136712**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. HOLLIS J. EPPARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2592 TOMS RD

City BARBOURSVILLE State VA Zip Code 22923-2526

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134062**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**B. MS. PAMELA J. EPPLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 12075 LEWIS RD

City BRANCHVILLE State IN Zip Code 47514-9022

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

Name of Employer MARY KAY Occupation SALES DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.135042**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**C. REV FRANK G. ERDELJAC**  
Full Name (Last, First, Middle Initial)

Mailing Address 6035 BELLE TERRE CT

City BRIDGEVILLE State PA Zip Code 15017-3459

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

Name of Employer RETIRED Occupation RET. CLERGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.130625**

Amount of Each Receipt this Period  
 300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GEORGE E. ERDMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 186 COLLEGE VIEW TER  
 City BREVARD State NC Zip Code 28712-4653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134971**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DEBORAH BULLARD ETHERIEDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 MEMORY LN  
 City HAYDEN State AL Zip Code 35079-4465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138887**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DEBORAH BULLARD ETHERIEDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 MEMORY LN  
 City HAYDEN State AL Zip Code 35079-4465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139631**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 173 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DEBORAH BULLARD ETHERIEDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 MEMORY LN  
 City HAYDEN State AL Zip Code 35079-4465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140052**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. BENJAMIN H. ETLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2920 DEER TRAIL PL  
 City SOLVANG State CA Zip Code 93463-9506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALCATEL Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132079**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MARSHALL C. EVANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 SPRINGMOOR DR.  
 City RALEIGH State NC Zip Code 27615-7740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130312**  
 Amount of Each Receipt this Period 216.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1316.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ANNABELLE EVERETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 ARMBRUSTER CT  
 City FROSTPROOF State FL Zip Code 33843-9556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133717**  
 Amount of Each Receipt this Period 405.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JEAN L. EVVARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 WEEKS RD  
 City GILFORD State NH Zip Code 03249-6831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation HOME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129294**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JEAN L. EVVARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 WEEKS RD  
 City GILFORD State NH Zip Code 03249-6831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation HOME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133468**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	605.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:	PAGE 175 OF 1531
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. BOB J. EWERT**

Mailing Address **622 W MIDDLE ST**

City	State	Zip Code
<b>REDWOOD FALLS</b>	<b>MN</b>	<b>56283-1022</b>

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

Name of Employer	Occupation
<b>RETIRED</b>	<b>RETIRED</b>

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.136815**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. BOB J. EWERT**

Mailing Address **622 W MIDDLE ST**

City	State	Zip Code
<b>REDWOOD FALLS</b>	<b>MN</b>	<b>56283-1022</b>

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

Name of Employer	Occupation
<b>RETIRED</b>	<b>RETIRED</b>

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.136825**

Amount of Each Receipt this Period  

50.00
-------

 Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MR. MAYNARD M. EYESTONE**

Mailing Address **2803 E WINGER RD**

City	State	Zip Code
<b>MEAD</b>	<b>WA</b>	<b>99021-9618</b>

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

Name of Employer	Occupation
<b>RETIRED</b>	<b>RETIRED</b>

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **670.16**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.136356**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MAYNARD M. EYESTONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2803 E WINGER RD  
 City MEAD State WA Zip Code 99021-9618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138936**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MAYNARD M. EYESTONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2803 E WINGER RD  
 City MEAD State WA Zip Code 99021-9618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140226**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LOWELL F. EZZELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1295  
 City UTOPIA State TX Zip Code 78884-1295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128351**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. ERVIN FABIANKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1071 COUNTY LINE PKWY  
 City MART State TX Zip Code 76664-5111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134014**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DONALD L. FAIDLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4807 BIRCH ST  
 City ROELAND PARK State KS Zip Code 66205-1101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 214.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136282**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DONALD L. FAIDLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4807 BIRCH ST  
 City ROELAND PARK State KS Zip Code 66205-1101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 214.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138179**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	537.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 178 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SANDRA S. FAIRCHILD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13842 WHITECAP BLVD  
 City State Zip Code  
 CORPUS CHRISTI TX 78418-6158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MICHAEL FAIRCHILD HOUSEWIFE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 213.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134387**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. P F N FANNING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 607  
 City State Zip Code  
 UNIONVILLE PA 19375-0607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 13116.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132850**  
 Amount of Each Receipt this Period  
 2016.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. LILLIAN A. FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N MAIN ST  
 APT 216  
 City State Zip Code  
 WHARTON NJ 07885-1651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132998**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2156.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM C. FELDBAUMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 675 AIRPORT RD

City LEHIGHTON State PA Zip Code 18235-9308

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134130**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

**B. MS. ANASTASIA FENTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2071 COOK RD

City CHARLTON State NY Zip Code 12019-2909

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.131324**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C. MR. JOHN D. FERRARA**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 GOLDEN ISLES DR.  
APT 29

City HALLANDALE BEACH State FL Zip Code 33009-7506

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

Name of Employer N Y P D Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.127984**

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN D. FERRARA**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 GOLDEN ISLES DR.  
APT 29

City HALLANDALE BEACH State FL Zip Code 33009-7506

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

Name of Employer N Y P D Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129585**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**B. MR. JOHN D. FERRARA**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 GOLDEN ISLES DR.  
APT 29

City HALLANDALE BEACH State FL Zip Code 33009-7506

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

Name of Employer N Y P D Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133091**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**C. MR. JOHN D. FERRARA**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 GOLDEN ISLES DR.  
APT 29

City HALLANDALE BEACH State FL Zip Code 33009-7506

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

Name of Employer N Y P D Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135666**

Amount of Each Receipt this Period 40.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

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

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

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

FOR LINE NUMBER: PAGE 181 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARLENE F. FIELDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1402 N SHORT BEACH CT  
 City STRASBURG State CO Zip Code 80136-9537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133299**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARLENE F. FIELDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1402 N SHORT BEACH CT  
 City STRASBURG State CO Zip Code 80136-9537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134088**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DIANE FIFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1744 COUNTRY CLUB DR.  
 City LOGAN State UT Zip Code 84321-4304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133960**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 182 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GREGORY F. FISCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1442 SEACOAST DRIVE  
 APT 5  
 City IMPERIAL BEACH State CA Zip Code 91932-3179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED U S NAVY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136580**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GERALD M. FISHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1491 GREENWOOD AVE  
 City PALO ALTO State CA Zip Code 94301-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133593**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. CAROL W. FISK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 LONGMIRE RD  
 APT 610  
 City CONROE State TX Zip Code 77304-1853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130616**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CAROL W. FISK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 LONGMIRE RD  
 APT 610  
 City CONROE State TX Zip Code 77304-1853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140244**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LAWRENCE P. FLANAGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1566 PALACE WAY  
 UNIT 40  
 City LK HAVASU CTY State AZ Zip Code 86403-6571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133928**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROYCE P. FLANDRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2949 APACHE WAY  
 City PROVO State UT Zip Code 84604-4363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BRIGHAM Y UNIVERSITY Occupation PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133461**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 184 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BETTY FLEHARTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 WALNUT AVE  
 City YUKON State OK Zip Code 73099-3646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133621**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JOAN F. FOERSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1882 FERNRIDGE DR.  
 City SAN DIMAS State CA Zip Code 91773-1308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131653**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JOAN F. FOERSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1882 FERNRIDGE DR.  
 City SAN DIMAS State CA Zip Code 91773-1308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136647**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1500.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 185 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. MARY K. FOLEY**

Mailing Address **206 LEEWARD WAY**

City State Zip Code  
**NEWPORT NEWS VA 23601-1081**

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

Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
**01 / 01 / 2016**

**Transaction ID : SA11.134328**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. MICHAEL L. FOLEY**

Mailing Address **480 SHATTUCK RD**

City State Zip Code  
**SAGINAW MI 48604-2380**

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

Name of Employer Occupation  
**G M DELPHI RET. JANITOR**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**01 / 01 / 2016**

**Transaction ID : SA11.133298**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MR. GORDON J. FOLSE**

Mailing Address **12637 ISLE OF PINES BLVD**

City State Zip Code  
**FREDERICKSBRG VA 22407-6616**

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

Name of Employer Occupation  
**SELF INDPNDT CONSULT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**01 / 01 / 2016**

**Transaction ID : SA11.137969**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **550.00**

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

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

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

FOR LINE NUMBER: PAGE 186 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. LTCOL CHARLES D. FORAN USMC RET.**

Mailing Address 11815 MEADOWSPRING LN

City State Zip Code  
DALLAS TX 75218-1208

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

Name of Employer Occupation  
RETIRED ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135900**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. LTCOL CHARLES D. FORAN USMC RET.**

Mailing Address 11815 MEADOWSPRING LN

City State Zip Code  
DALLAS TX 75218-1208

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

Name of Employer Occupation  
RETIRED ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136555**

Amount of Each Receipt this Period  
4000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. LTCOL CHARLES D. FORAN USMC RET.**

Mailing Address 11815 MEADOWSPRING LN

City State Zip Code  
DALLAS TX 75218-1208

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

Name of Employer Occupation  
RETIRED ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138781**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4150.00

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

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

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

FOR LINE NUMBER:		PAGE 187 OF 1531	
(check only one)			
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. HENRY E. FORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 219 QUEENSBURY DR. SW  
 APT 2  
 City HUNTSVILLE State AL Zip Code 35802-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133464**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DONALD R. FORSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 811 S 2ND ST  
 City MILBANK State SD Zip Code 57252-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130975**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DONALD R. FORSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 811 S 2ND ST  
 City MILBANK State SD Zip Code 57252-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133462**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	390.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 188 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LEROY R. FOWLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 114  
 City AIRWAY HGTS State WA Zip Code 99001-0114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133424**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. DR. THEODORE C. FOX M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N2405 HILLSIDE RD  
 City ANTIGO State WI Zip Code 54409-8865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135933**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. DR. THEODORE C. FOX M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N2405 HILLSIDE RD  
 City ANTIGO State WI Zip Code 54409-8865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136078**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ELLEN FRAHM TTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 DOVE RANCH RD  
 City BAYFIELD State CO Zip Code 81122-9757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 664.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131309**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. ELLEN FRAHM TTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 DOVE RANCH RD  
 City BAYFIELD State CO Zip Code 81122-9757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 664.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134314**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**C. MS. ELLEN FRAHM TTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 DOVE RANCH RD  
 City BAYFIELD State CO Zip Code 81122-9757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 664.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139805**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	620.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 190 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ELLEN FRAHM TTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 DOVE RANCH RD  
 City BAYFIELD State CO Zip Code 81122-9757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 664.85

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.141104**  
 Amount of Each Receipt this Period 24.53  
 Memo Item  
 CONTRIBUTION

**B. MS. KAY E. FRANCIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1357 43RD AVE UNIT 18  
 City GREELEY State CO Zip Code 80634-2444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130321**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DUAIN E. FREDERICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4715 TRILLIUM SPRING BLVD APT 105  
 City FREMONT State MI Zip Code 49412-8622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129247**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2224.53  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 191 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. TOD H. FREDERICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 N WINTER ST  
 City RIVER FALLS State WI Zip Code 54022-1281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136190**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. TOD H. FREDERICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 N WINTER ST  
 City RIVER FALLS State WI Zip Code 54022-1281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136487**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. TOD H. FREDERICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 N WINTER ST  
 City RIVER FALLS State WI Zip Code 54022-1281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136645**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.140603**

Amount of Each Receipt this Period  
146.99

Memo Item CONTRIBUTION

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

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.140628**

Amount of Each Receipt this Period  
79.65

Memo Item CONTRIBUTION

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

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.140634**

Amount of Each Receipt this Period  
77.90

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	304.54
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **785.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140821**

Amount of Each Receipt this Period  
 39.29

Memo Item CONTRIBUTION

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

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **785.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140846**

Amount of Each Receipt this Period  
 36.99

Memo Item CONTRIBUTION

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

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **785.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140858**

Amount of Each Receipt this Period  
 36.04

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	112.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **785.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140865**

Amount of Each Receipt this Period  
**35.43**

Memo Item CONTRIBUTION

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

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **785.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140903**

Amount of Each Receipt this Period  
**32.85**

Memo Item CONTRIBUTION

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

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **785.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140920**

Amount of Each Receipt this Period  
**32.08**

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.36</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.141139**

Amount of Each Receipt this Period  
23.01

Memo Item  
CONTRIBUTION

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

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.141275**

Amount of Each Receipt this Period  
14.44

Memo Item  
CONTRIBUTION

**C. MR. RONALD A. FREEMAN PE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 HORSESHOE RD

City MOUNT KISCO	State NY	Zip Code 10549-3611
---------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation ENGINEER RET.
-----------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.128814**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2037.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RONALD A. FREEMAN PE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 HORSESHOE RD

City MOUNT KISCO State NY Zip Code 10549-3611

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

Name of Employer RETIRED Occupation ENGINEER RET.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.133607**

Amount of Each Receipt this Period  
 800.00

Memo Item  
CONTRIBUTION

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

Mailing Address 541 S G ST

City BROKEN BOW State NE Zip Code 68822-2545

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.128582**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

**C. MS. BARBARA M. FRESE**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 WAWONA ST  
APT 319

City SAN FRANCISCO State CA Zip Code 94116-3090

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.128041**

Amount of Each Receipt this Period  
 35.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1335.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BARBARA M. FRESE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 445 WAWONA ST  
 APT 319  
 City SAN FRANCISCO State CA Zip Code 94116-3090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133162**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES J. FRIESEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 ROOSEVELT CIR  
 UNIT 218  
 City SOUTH EASTON State MA Zip Code 02375-1928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 G T E RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128653**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES J. FRIESEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 ROOSEVELT CIR  
 UNIT 218  
 City SOUTH EASTON State MA Zip Code 02375-1928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 G T E RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133572**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. KATHERINE A. FRIZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 THISTLE DR.  
 City DELAWARE State OH Zip Code 43015-4044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.130318**  
 Amount of Each Receipt this Period: **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. MRS. KATHERINE A. FRIZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 THISTLE DR.  
 City DELAWARE State OH Zip Code 43015-4044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.135518**  
 Amount of Each Receipt this Period: **50.00**  
 Memo Item  
**CONTRIBUTION**

**C. MRS. KATHERINE A. FRIZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 THISTLE DR.  
 City DELAWARE State OH Zip Code 43015-4044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.139663**  
 Amount of Each Receipt this Period: **50.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. J RICHARD FULLGRAF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1003 EDWARDS RD  
 City GREENVILLE State SC Zip Code 29615-1362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ENGINEER RET.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.128179**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item CONTRIBUTION

**B. MR. J RICHARD FULLGRAF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1003 EDWARDS RD  
 City GREENVILLE State SC Zip Code 29615-1362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ENGINEER RET.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133825**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item CONTRIBUTION

**C. MS. PATRICIA A. FULWYLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8882 W BEACHSIDE LN  
 City BOISE State ID Zip Code 83714-6713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2300.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133594**  
 Amount of Each Receipt this Period **1200.00**  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JOAN B. FUNK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7881 RANDY DR.  
 City WESTLAND State MI Zip Code 48185-5568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129587**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JOAN B. FUNK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7881 RANDY DR.  
 City WESTLAND State MI Zip Code 48185-5568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136746**  
 Amount of Each Receipt this Period  
 280.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT B. FUNK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 ELMINGTON AVE  
 APT 502  
 City NASHVILLE State TN Zip Code 37205-2525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131716**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	620.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. ROBERT B. FUNK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 ELMINGTON AVE  
 APT 502  
 City NASHVILLE State TN Zip Code 37205-2525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135519**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MAUREEN A. FUNSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1121 RIDGE ST  
 City MONTROSE State CO Zip Code 81401-4460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135225**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOHN F. GAARDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2384 N SAN MIGUEL DR.  
 City GRAND JUNCTION State CO Zip Code 81507-1416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132174**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. LT. COL DONALD H. GAGE USAF RET.**  
Full Name (Last, First, Middle Initial)

Mailing Address 25583 CROSS ST

City SAN BERNARDINO	State CA	Zip Code 92404-5620
------------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.132484**

Amount of Each Receipt this Period  
109.00

Memo Item  
CONTRIBUTION

**B. LT. COL DONALD H. GAGE USAF RET.**  
Full Name (Last, First, Middle Initial)

Mailing Address 25583 CROSS ST

City SAN BERNARDINO	State CA	Zip Code 92404-5620
------------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.135529**

Amount of Each Receipt this Period  
111.00

Memo Item  
CONTRIBUTION

**C. MR. DUANE F. GAGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 HATTER CREEK RD

City PRINCETON	State ID	Zip Code 83857-9769
-------------------	-------------	------------------------

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

Name of Employer SELF	Occupation TREE FARMER
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.130476**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. THOMAS S. GALLARDO**  
Full Name (Last, First, Middle Initial)

Mailing Address 13131 HONEYBEE ST

City MOORPARK State CA Zip Code 93021-2133

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.128086

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**B. MR. THOMAS S. GALLARDO**  
Full Name (Last, First, Middle Initial)

Mailing Address 13131 HONEYBEE ST

City MOORPARK State CA Zip Code 93021-2133

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.134848

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 4093 N OCEANVIEW ST

City ORANGE State CA Zip Code 92865-1500

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.132208

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT GARBER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4093 N OCEANVIEW ST

City ORANGE State CA Zip Code 92865-1500

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134060**

Amount of Each Receipt this Period  
 400.00

Memo Item  
CONTRIBUTION

**B. MRS. ESPERANZA G. GARCIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 94-405 IKEPONO ST

City WAIPAHU State HI Zip Code 96797-1619

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.127987**

Amount of Each Receipt this Period  
 20.00

Memo Item  
CONTRIBUTION

**C. MRS. ESPERANZA G. GARCIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 94-405 IKEPONO ST

City WAIPAHU State HI Zip Code 96797-1619

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.127989**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ESPERANZA G. GARCIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 94-405 IKEPONO ST  
 City WAIPAHU State HI Zip Code 96797-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 370.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134807**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ESPERANZA G. GARCIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 94-405 IKEPONO ST  
 City WAIPAHU State HI Zip Code 96797-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 370.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135837**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ESPERANZA G. GARCIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 94-405 IKEPONO ST  
 City WAIPAHU State HI Zip Code 96797-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 370.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136314**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ESPERANZA G. GARCIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 94-405 IKEPONO ST  
 City WAIPAHU State HI Zip Code 96797-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE WIDOW  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136747**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. BETTY GARDNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1572 GOODIN HOLLOW RD  
 City NOEL State MO Zip Code 64854-7235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130081**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BETTY GARDNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1572 GOODIN HOLLOW RD  
 City NOEL State MO Zip Code 64854-7235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133721**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 207 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MARK GARDNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20257 490TH ST  
 City OAKLAND State IA Zip Code 51560-4559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135835**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MARK GARDNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20257 490TH ST  
 City OAKLAND State IA Zip Code 51560-4559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136834**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MR. THOMAS K. GARESCHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81 KESUMPE POINT RD  
 City HOLDERNESS State NH Zip Code 03245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133789**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 520.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN S. GARFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 HEMLOCK LN  
 City MERRIMACK State NH Zip Code 03054-3632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PEST CONTROL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131944**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DOROTHY J. GARIBALDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5133 WEDGE CT E  
 City BRADENTON State FL Zip Code 34203-4029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.127904**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MONTENE A. GARRETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 W WILDWOOD ST  
 City TAMPA State FL Zip Code 33613-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. MASSGE REHA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129532**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 209 OF 1531  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. PHILLIP J. GARRETT**  
Mailing Address P.O. BOX 484  
City FARMLAND State IN Zip Code 47340-0484  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 212.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016  
**Transaction ID : SA11.128130**  
Amount of Each Receipt this Period  
53.00  
 Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT GAST**  
Mailing Address 4 WILLOWBROOK  
City IRVINE State CA Zip Code 92604-3673  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HAMPTON PROD INT'L CORP Occupation ENGINEER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016  
**Transaction ID : SA11.134382**  
Amount of Each Receipt this Period  
300.00  
 Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. RITA G. GAVIN**  
Mailing Address 11651 ROSEMOUNT DR.  
City FORT MYERS State FL Zip Code 33913-8379  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016  
**Transaction ID : SA11.129534**  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 453.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. RITA G. GAVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11651 ROSEMOUNT DR.

City FORT MYERS State FL Zip Code 33913-8379

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.133426**

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

**B. MS. RITA G. GAVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11651 ROSEMOUNT DR.

City FORT MYERS State FL Zip Code 33913-8379

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134059**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C. MR. DON E. GEBHART**  
Full Name (Last, First, Middle Initial)

Mailing Address 5710 ENNISHANNON PL

City DUBLIN State OH Zip Code 43016-6008

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

Name of Employer RETIRED M.D. Occupation RET. PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.133166**

Amount of Each Receipt this Period  
 150.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. FR ROGER GEDITZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 136

City GEDDES	State SD	Zip Code 57342-0136
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED PRIEST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.130953**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. MR. LARRY GEMMEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8096 WEATHERWAX DR.

City JENISON	State MI	Zip Code 49428-8300
FEC ID number of contributing federal political committee. C		
Name of Employer GEMMEN'S HOME & HARDWARE	Occupation RET. RETAILER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.134644**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C. MR. RICHARD N. GEORGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 SINCLAIR DR.  
APT 218

City PITTSFORD	State NY	Zip Code 14534-1737
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.135271**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. REX GERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76161 ROAD 425  
 City COZAD State NE Zip Code 69130-5317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEBRASKSA PLASTICS, INC Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130550**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MS. ANN K. GIBBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1278 WINWOOD CV  
 City TUPELO State MS Zip Code 38801-6472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137440**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. GAIL GIBBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 APPLE RIVER CT  
 City LAS VEGAS State NV Zip Code 89148-2785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136536**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. GAIL GIBBS**  
Full Name (Last, First, Middle Initial)

Mailing Address 385 APPLE RIVER CT

City LAS VEGAS State NV Zip Code 89148-2785

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

Name of Employer RETIRED Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.139505**

Amount of Each Receipt this Period  
 20.16

Memo Item  
CONTRIBUTION

**B. MR. LAMBERT O. GILBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 8548 VINE VALLEY DR.

City SUN VALLEY State CA Zip Code 91352-3659

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.128669**

Amount of Each Receipt this Period  
 4000.00

Memo Item  
CONTRIBUTION

**C. MR. LAMBERT O. GILBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 8548 VINE VALLEY DR.

City SUN VALLEY State CA Zip Code 91352-3659

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.133595**

Amount of Each Receipt this Period  
 1500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5520.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. RALPH GILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2619 WILDERNESS WAY

City NEW BRAUNFELS State TX Zip Code 78132-3643

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

Name of Employer TREE MEDIA CO. Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.44

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140606**

Amount of Each Receipt this Period  
135.22

Memo Item  
CONTRIBUTION

**B. A GLENN GILLETTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3311 ROSSMOOR PKWY  
APT 3

City WALNUT CREEK State CA Zip Code 94595-3827

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

Name of Employer MARE ISL NAVY SHIPYARD Occupation RET. ELEC SHOP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.133598**

Amount of Each Receipt this Period  
507.00

Memo Item  
CONTRIBUTION

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

Mailing Address 6 FAIRWAY DR.

City HOLIDAY ISLAND State AR Zip Code 72631-4500

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

Name of Employer SELF Occupation RET. PHARMAC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
452.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.129461**

Amount of Each Receipt this Period  
113.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	755.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 215 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. JIM GIRKIN**

Mailing Address **6 FAIRWAY DR.**

City State Zip Code  
**HOLIDAY ISLAND AR 72631-4500**

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

Name of Employer Occupation  
**SELF RET. PHARMAC**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**452.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**01 / 01 / 2016**

**Transaction ID : SA11.134086**

Amount of Each Receipt this Period  
**113.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. OLAF E. GJOVIK**

Mailing Address **515 E 4TH ST**

City State Zip Code  
**SANDWICH IL 60548-1715**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**01 / 01 / 2016**

**Transaction ID : SA11.128801**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

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

Mailing Address **P.O. BOX 25**

City State Zip Code  
**GOTHA FL 34734-0025**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**01 / 01 / 2016**

**Transaction ID : SA11.137485**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **813.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. SYLVIA H. GLESMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 TWIN OAKS RD  
 City BRIDGEWATER State NJ Zip Code 08807-2343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF PAINTER/RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133090**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MS. PATRICIA GODLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1857 CAVENDISH CT  
 City CHARLOTTE State NC Zip Code 28211-3947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133990**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JUDY SUE GOMEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5329 30TH STREET  
 City LUBBOCK State TX Zip Code 79407-3515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. ADM ASSIST  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136486**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 217 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JUDY SUE GOMEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5329 30TH STREET  
 City LUBBOCK State TX Zip Code 79407-3515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. ADM ASSIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136648**  
 Amount of Each Receipt this Period 225.00  
 Memo Item CONTRIBUTION

**B. MRS. JUDY SUE GOMEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5329 30TH STREET  
 City LUBBOCK State TX Zip Code 79407-3515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. ADM ASSIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137061**  
 Amount of Each Receipt this Period 225.00  
 Memo Item CONTRIBUTION

**C. MR. RAY GOMEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2516 S WOODLARK DR.  
 City ONTARIO State CA Zip Code 91761-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUTHERN CALIFRONIA EDISO Occupation LINEMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138039**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 218 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RAY GOMEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2516 S WOODLARK DR.  
 City State Zip Code  
 ONTARIO CA 91761-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SOUTHERN CALIFRONIA EDISO LINEMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138346**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RAY GOMEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2516 S WOODLARK DR.  
 City State Zip Code  
 ONTARIO CA 91761-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SOUTHERN CALIFRONIA EDISO LINEMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138347**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. HARRISON M. GOODALL M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 933 OVERLOOK RD N  
 City State Zip Code  
 TUSCALOOSA AL 35406-2122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TJDC M D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133634**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 219 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ALAN GOODFELLOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 KINGSWOOD DR.  
 City ROCHESTER State NY Zip Code 14624-3340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARITA S CONSULTING Occupation FINANCIAL ADVIS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129847**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JEFFERY R. GOODMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4410 ARECA PALM DR.  
 City FORT PIERCE State FL Zip Code 34982-6842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131776**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOHN M. GORDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1787  
 City GRAND RAPIDS State MI Zip Code 49501-1787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128585**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EDWARD M. GORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1944 HEIDELBERG DR.  
 City MOUNT PLEASANT State SC Zip Code 29464-3959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129539**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. EDWARD M. GORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1944 HEIDELBERG DR.  
 City MOUNT PLEASANT State SC Zip Code 29464-3959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134139**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. SONJA GORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 PLANTERS ROW  
 City HILTON HEAD ISLAND State SC Zip Code 29928-5504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136988**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD A. GOWER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2232 OWEGO RD  
 City VESTAL State NY Zip Code 13850-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133852**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**B. MS. SHERRILL A. GRABER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 GRANDVIEW  
 City GARDEN CITY State KS Zip Code 67846-8325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COMPASS BEHAVIORAL HEALTH Occupation RET. R N  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133656**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. CURTIS H. GRAFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38900 296TH AVE NW  
 City DONNYBROOK State ND Zip Code 58734-9755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FORMER ELECTRIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135084**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM GRANT**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 ROSEDALE AVE

City WHITE PLAINS State NY Zip Code 10605-5425

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128824**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MR. LEE R. GRASFEDER CPA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2493 PFINISTER SCHOOL RD

City DE SOTO State MO Zip Code 63020-5339

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

Name of Employer SELF Occupation RET. FARMER & CP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133481**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. BOX 77

City ELVASTON State IL Zip Code 62334-0077

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

Name of Employer SELF Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134980**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. JOANN L. GREB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 916  
 City HAYWARD State WI Zip Code 54843-0916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 11000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129835**  
 Amount of Each Receipt this Period  
 3000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. HERBERT L. GREENE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1603 RUSTADS CIR  
 City WILLIAMSBURG State VA Zip Code 23188-1140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 534.63

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129625**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. HERBERT L. GREENE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1603 RUSTADS CIR  
 City WILLIAMSBURG State VA Zip Code 23188-1140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 534.63

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140594**  
 Amount of Each Receipt this Period  
 384.63  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3434.63
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JON GREEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4201 STRATTON LN

City OOLTEWAH State TN Zip Code 37363-8325

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

Name of Employer SELF EMPLOYED Occupation SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139120**

Amount of Each Receipt this Period  
 20.16

Memo Item  
CONTRIBUTION

**B. MRS. MARGARET A. GREER**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 CARLTON DR.

City MACKINAW State IL Zip Code 61755-9454

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

Name of Employer RETIRED Occupation RET. TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132993**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C. MRS. EDITH H. GREGORY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4524 N FARM ROAD 117

City SPRINGFIELD State MO Zip Code 65803-7634

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1140.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128373**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.16
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 225 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. EDITH H. GREGORY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4524 N FARM ROAD 117  
 City Springfield State MO Zip Code 65803-7634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132532**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. MRS. EDITH H. GREGORY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4524 N FARM ROAD 117  
 City Springfield State MO Zip Code 65803-7634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133683**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. MRS. EDITH H. GREGORY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4524 N FARM ROAD 117  
 City Springfield State MO Zip Code 65803-7634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140035**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.16  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 226 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GEORGE H. GRELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2918 TRAPPER TRL  
 City State Zip Code  
 WENTZVILLE MO 63385-2642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130595**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MISS BARBARA R. GRIMALDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 6040  
 City State Zip Code  
 MIRAMAR BEACH FL 32550-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133853**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**C. MS. THERESA A. GRISHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 322  
 City State Zip Code  
 ATTICA IN 47918-0322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128013**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. THERESA A. GRISHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 322  
 City ATTICA State IN Zip Code 47918-0322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135668**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. VERONICA GROTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 MARK TWAIN LN  
 City EAST SETAUKET State NY Zip Code 11733-1764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF PSYCH NP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137136**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. VERONICA GROTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 MARK TWAIN LN  
 City EAST SETAUKET State NY Zip Code 11733-1764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF PSYCH NP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139937**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. STEVE GRUPE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1055 S POPLAR ST

City KERMIT State TX Zip Code 79745-5010

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

Name of Employer PEPSCO Occupation SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.139803**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**B. MRS. ANN A. GUILD**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 SCHOONER ST  
APT 303

City DAMARISCOTTA State ME Zip Code 04543-4056

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation RET. ARTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.130305**

Amount of Each Receipt this Period  
 70.00

Memo Item  
CONTRIBUTION

**C. MRS. ANN A. GUILD**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 SCHOONER ST  
APT 303

City DAMARISCOTTA State ME Zip Code 04543-4056

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation RET. ARTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.136819**

Amount of Each Receipt this Period  
 140.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	410.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. SHARON L. GULDJORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3013 HALVERSON AVE  
 City BREMERTON State WA Zip Code 98310-3414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128550**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JUDITH GUST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15560 VISTA VICENTE DR.  
 City RAMONA State CA Zip Code 92065-4319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136994**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JUDITH GUST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15560 VISTA VICENTE DR.  
 City RAMONA State CA Zip Code 92065-4319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138965**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MRS. PHYLLIS M. GUSTAFSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1705 DICK DR.  
 City ABERDEEN State SD Zip Code 57401-7635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation SPECED TCHERRET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130533**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. PHYLLIS M. GUSTAFSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1705 DICK DR.  
 City ABERDEEN State SD Zip Code 57401-7635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation SPECED TCHERRET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133813**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. PHILIP L. GUTHRIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23755 MIDDLEBELT RD  
 City FARMINGTON HILLS State MI Zip Code 48336-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FORD MOTOR COMPANY Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129932**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 231 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. PHILIP L. GUTHRIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23755 MIDDLEBELT RD  
 City State Zip Code  
 FARMINGTON HILLS MI 48336-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FORD MOTOR COMPANY ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 435.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134466**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 CONTRIBUTION

**B. MR. PHILIP L. GUTHRIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23755 MIDDLEBELT RD  
 City State Zip Code  
 FARMINGTON HILLS MI 48336-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FORD MOTOR COMPANY ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 435.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139709**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT HABER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1998 RUSTIC TIMBERS LN  
 City State Zip Code  
 PRESCOTT AZ 86303-4936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136591**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 232 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT HABER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1998 RUSTIC TIMBERS LN  
 City PRESCOTT State AZ Zip Code 86303-4936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136991**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. RUTH A. HAGEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2120 S CEDAR ST  
 City CASPER State WY Zip Code 82601-5216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134087**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES C. HAGEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 599 ALGOMA SPUR RD  
 City SAGLE State ID Zip Code 83860-9481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136242**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. MAURICE D. HAGEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 626 S 4TH ST

City WATSEKA State IL Zip Code 60970-1625

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

Name of Employer IROQUOIS COUNTY SHER DEPT Occupation SEC GUARD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131984**

Amount of Each Receipt this Period 300.00

Memo Item CONTRIBUTION

**B. MR. JOHN D. HAINES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2009 S 11TH ST

City ROGERS State AR Zip Code 72758-6313

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129463**

Amount of Each Receipt this Period 1600.00

Memo Item CONTRIBUTION

**C. MRS. J G. HALBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1550 W 6TH ST

City RUSK State TX Zip Code 75785-1193

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134666**

Amount of Each Receipt this Period 210.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2110.00

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

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

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

FOR LINE NUMBER: PAGE 234 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT E. HALL**

Mailing Address 9221 WADSWORTH PKWY  
RM 118

City WESTMINSTER      State CO      Zip Code 80021-4598

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

Name of Employer RETIRED (P&G)      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131164**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT E. HALL**

Mailing Address 9221 WADSWORTH PKWY  
RM 118

City WESTMINSTER      State CO      Zip Code 80021-4598

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

Name of Employer RETIRED (P&G)      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135174**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT R. HALL**

Mailing Address P.O. BOX 183

City SPANGLE      State WA      Zip Code 99031-0183

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134938**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM HALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 MISSION ST  
APT 10

City SOUTH PASADENA State CA Zip Code 91030-3345

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC MISSIONARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.137757**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. MR. WILLIAM HALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 MISSION ST  
APT 10

City SOUTH PASADENA State CA Zip Code 91030-3345

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC MISSIONARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.139617**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 1700 MISSION ST  
APT 10

City SOUTH PASADENA State CA Zip Code 91030-3345

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC MISSIONARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.139654**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 236 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. GARY A. HALUSKA**

Mailing Address 5321 N WOODVIEW AVE

City State Zip Code  
PEORIA IL 61614-4558

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

Name of Employer Occupation  
DEKROYET METZ & CO INC PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128563**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GEORGE E. HAM**

Mailing Address 4304 S MILLS ST

City State Zip Code  
INDEPENDENCE MO 64055-5135

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128638**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GEORGE E. HAM**

Mailing Address 4304 S MILLS ST

City State Zip Code  
INDEPENDENCE MO 64055-5135

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131303**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00

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

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

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

FOR LINE NUMBER: PAGE 237 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. FRANK G. HAMILTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7762 S GUTHRIE AVE  
 City State Zip Code  
 TULSA OK 74132-2832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ST JOHN CLINIC PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135925**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

**B. MS. VALETA HAMMAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1007 STERLING CT  
 City State Zip Code  
 NIXA MO 65714-7102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129218**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MS. VALETA HAMMAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1007 STERLING CT  
 City State Zip Code  
 NIXA MO 65714-7102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133585**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1475.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 238 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. VERNE K. HAMMOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6002 VICKERY BLVD  
 City DALLAS State TX Zip Code 75206-6340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131302**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. VERNE K. HAMMOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6002 VICKERY BLVD  
 City DALLAS State TX Zip Code 75206-6340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133921**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARY A. HANNA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2305 BENNETT RD  
 City LAFAYETTE State IN Zip Code 47909-2314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135854**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARY A. HANNA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2305 BENNETT RD  
 City LAFAYETTE State IN Zip Code 47909-2314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136507**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. MS. BARBARA HANNO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 522 LEXINGTON DR.  
 City BOZEMAN State MT Zip Code 59715-7136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED  
 Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134261**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. MR. WILLIAM R. HANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9946 NESBITT CIR  
 City BLOOMINGTON State MN Zip Code 55437-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MYSTIC LAKE CASINO  
 Occupation BLACKJACK DEALR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129417**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM R. HANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9946 NESBITT CIR  
 City BLOOMINGTON State MN Zip Code 55437-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MYSTIC LAKE CASINO Occupation BLACKJACK DEALR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134118**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. VIRGINIA F. HARDIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3104 WINTERBERRY SQ  
 City ROANOKE State VA Zip Code 24018-2824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128144**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. VIRGINIA F. HARDIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3104 WINTERBERRY SQ  
 City ROANOKE State VA Zip Code 24018-2824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133635**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 241 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. VIRGINIA F. HARDIN**

Mailing Address 3104 WINTERBERRY SQ

City State Zip Code  
ROANOKE VA 24018-2824

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135378**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. FRED L. HARDWICKE M.D.**

Mailing Address 3804 95TH ST

City State Zip Code  
LUBBOCK TX 79423-3918

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

Name of Employer Occupation  
TEXAS TECH INTERNAL MED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132724**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. JEANINE L. HARDY**

Mailing Address 604 MCCONNELL DR.

City State Zip Code  
YUKON OK 73099-3355

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133141**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. NORMA J. HARMON**  
Full Name (Last, First, Middle Initial)

Mailing Address 36300 GREENBRIER RD

City GRAYSVILLE State OH Zip Code 45734-9725

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

Name of Employer SELF EMPLOYED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.130411**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MS. NORMA J. HARMON**  
Full Name (Last, First, Middle Initial)

Mailing Address 36300 GREENBRIER RD

City GRAYSVILLE State OH Zip Code 45734-9725

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

Name of Employer SELF EMPLOYED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134539**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 409 E BROADWAY AVE

City SAWYER State KS Zip Code 67134-9502

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

Name of Employer RETIRED Occupation RET. LAB ASSIT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134136**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 243 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. HELEN HARPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 E BROADWAY AVE  
 City State Zip Code  
 SAWYER KS 67134-9502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. LAB ASSIT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134137**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MS. NANCY Y. HARPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 N MAIN ST  
 City State Zip Code  
 BRIDGEWATER VA 22812-1339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED BEAUTICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133847**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. ALICE HARRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 254 MONTROSE WAY  
 City State Zip Code  
 WELLINGTON OH 44090-1338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131939**  
 Amount of Each Receipt this Period  
 275.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 244 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ELIZABETH HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1804 TULIP DR.  
 City ARLINGTON State TX Zip Code 76013-4939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PUBLIC SCHOOL Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136044**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ELIZABETH HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1804 TULIP DR.  
 City ARLINGTON State TX Zip Code 76013-4939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PUBLIC SCHOOL Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136654**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD F. HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 LORRIE LAKE LN  
 City HOUSTON State TX Zip Code 77024-7119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF( (br/>
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133343**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 245 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ALLEN K. HARROLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 848 CHERRY ST  
 City ADAMS State NE Zip Code 68301-6013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132866**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. THOMAS HART II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5737 E 22ND PL  
 City TULSA State OK Zip Code 74114-2317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133897**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. J TED HARTMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4018 16TH ST  
 City LUBBOCK State TX Zip Code 79416-6012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEXAS TECH UNIVERSITY Occupation RET. PHYSIC/EDUC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132825**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 246 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ELBERT E. HASH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12801 BONNIE BRAE AVE  
 City WATERFORD State CA Zip Code 95386-9721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. FIREMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131461**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. LOIS HASKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12146 GROVEDALE DR.  
 City WHITTIER State CA Zip Code 90604-3755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134340**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. GLADYS HASSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 481 NAISMITH BLVD  
 City EUGENE State OR Zip Code 97404-1195  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136474**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 1531
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD V. HASTINGS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2505 CASCADE DR.

City State Zip Code  
WALNUT CREEK CA 94598-4315

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

Name of Employer Occupation  
SAN FRAN CITY & COUNTY HS- RET. TEACHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.130238**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. MR. RICHARD V. HASTINGS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2505 CASCADE DR.

City State Zip Code  
WALNUT CREEK CA 94598-4315

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

Name of Employer Occupation  
SAN FRAN CITY & COUNTY HS- RET. TEACHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.135588**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 379 MATTHEW CV

City State Zip Code  
BASTROP TX 78602-6739

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

Name of Employer Occupation  
SAM, LLC MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.134156**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 248 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EDWARD A. HATT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13455 HIDDEN CREEK DR.  
 City GRAND HAVEN State MI Zip Code 49417-9483  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MERCY HEALTH PARTNERS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133137**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. DEVONLEE HAUGEBAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11131 W CUMBERLAND DR.  
 City SUN CITY State AZ Zip Code 85351-4351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137544**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JANET H. HAVARD MOSSER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 OAK CREEK DR. APT 203  
 City PALO ALTO State CA Zip Code 94304-2034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133338**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 249 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT E. HAWKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5005 BIRCH RD  
 City FAYETTEVILLE State NC Zip Code 28304-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129225**  
 Amount of Each Receipt this Period 225.00  
 Memo Item  
 CONTRIBUTION

**B. MR. HENRY HAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2351 270TH AVE  
 City WALNUT GROVE State MN Zip Code 56180-9367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130812**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. HENRY HAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2351 270TH AVE  
 City WALNUT GROVE State MN Zip Code 56180-9367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134835**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. HENRY HAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2351 270TH AVE

City WALNUT GROVE State MN Zip Code 56180-9367

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

Name of Employer SELF Occupation FARMER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135652**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**B. MR. JACK H. HEAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 WESTBROOK CT

City JACKSON State GA Zip Code 30233-5417

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132160**

Amount of Each Receipt this Period 35.00

Memo Item CONTRIBUTION

**C. MR. JACK H. HEAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 WESTBROOK CT

City JACKSON State GA Zip Code 30233-5417

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134711**

Amount of Each Receipt this Period 35.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 251 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. JANE F. HEARN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3311 BELLEMEADE DR.  
 City VALDOSTA State GA Zip Code 31605-1076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation LAND OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133657**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES L. HEDLESTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 RUFUS RD  
 City SILSBEE State TX Zip Code 77656-6508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135853**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JEANNE C. HEIBNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3010 7TH ST N  
 APT 3C  
 City ST PETERSBURG State FL Zip Code 33704-2003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131462**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. DR. BRUCE C. HEILMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7031 OAK BROOK DRIVE  
 City URBANDALE State IA Zip Code 50322-4800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133850**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CLYDE M. HEINER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 388 QUAIL RUN RD  
 City FARMINGTON State UT Zip Code 84025-3819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134154**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. GRACE M. HEINZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 W CENTURY BLVD  
 APT 20  
 City LODI State CA Zip Code 95240-6611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE OF CA Occupation RET. CSR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1686.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136949**  
 Amount of Each Receipt this Period  
 565.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3315.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 253 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. GRACE M. HEINZ**

Mailing Address 1210 W CENTURY BLVD  
APT 20

City State Zip Code  
LODI CA 95240-6611

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

Name of Employer Occupation  
STATE OF CA RET. CSR

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1686.25

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.140039**

Amount of Each Receipt this Period  
563.25

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. M HELDRIDGE**

Mailing Address 850 SUMNER PKWY  
APT 220

City State Zip Code  
COPLEY OH 44321-3317

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.130435**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 850 SUMNER PKWY  
APT 220

City State Zip Code  
COPLEY OH 44321-3317

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.131829**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 713.25

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

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

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

FOR LINE NUMBER: PAGE 254 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. G JOAN HELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10341 BATTLERIDGE PL  
 City MONTGOMERY VILLAGE State MD Zip Code 20886-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134049**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**B. BRUCE HENDERSON M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3730 BURNING TREE DR.  
 City BLOOMFIELD HILLS State MI Zip Code 48302-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ORTHOPEDIC SURG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136219**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**C. MRS. FRANCISCA HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 N 82ND ST  
 City MESA State AZ Zip Code 85207-8529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130806**  
 Amount of Each Receipt this Period 40.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 840.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. FRANCISCA HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 N 82ND ST  
 City MESA State AZ Zip Code 85207-8529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136762**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RICHARD L. HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9000 N CONGRESS AVE  
 APT 213  
 City KANSAS CITY State MO Zip Code 64153-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136419**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT WEBB HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 100  
 City LANCASTER State SC Zip Code 29721-0100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133415**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1305.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 1531
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RONALD W. HENRIKSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8831 STABLE LN  
 City HOUSTON State TX Zip Code 77024-7022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOGIX COMMUNICATIONS C P Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133288**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MARTIN P. HEPWORTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 72 5TH AVE  
 City BAY SHORE State NY Zip Code 11706-7329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NETTER REAL ESTATE Occupation REAL EST BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128066**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MARTIN P. HEPWORTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 72 5TH AVE  
 City BAY SHORE State NY Zip Code 11706-7329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NETTER REAL ESTATE Occupation REAL EST BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135338**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25300.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM HERMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 RIVER RIDGE RD  
 City SEALY State TX Zip Code 77474-8525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEMORIAL PATHOLOGY CONSUL Occupation M.D.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137006**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. RUTH B. HERRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 ABIGAIL LN  
 City ANDERSON State SC Zip Code 29621-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128501**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. SHARON S. HESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15384 ORCHARD AVE  
 City BLUE RIDGE SUMMIT State PA Zip Code 17214-9741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128067**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 258 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. SHARON S. HESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15384 ORCHARD AVE  
 City State Zip Code  
 BLUE RIDGE SUMMIT PA 17214-9741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135074**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. DR. WAYNE HEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2340 PERKINS RD  
 City State Zip Code  
 ARLINGTON TX 76016-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 D F W UROLOGY DOCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136595**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. W GLEN HICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 KENNON ST  
 City State Zip Code  
 MINDEN LA 71055-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.127884**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. BRUCE HIGLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 CAMPUS COMMONS RD  
 City SACRAMENTO State CA Zip Code 95825-6632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137138**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. BRUCE HIGLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 CAMPUS COMMONS RD  
 City SACRAMENTO State CA Zip Code 95825-6632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139327**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. BRUCE HIGLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 CAMPUS COMMONS RD  
 City SACRAMENTO State CA Zip Code 95825-6632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140160**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. HAROLDENE HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9710 E 5TH ST  
 City TULSA State OK Zip Code 74128-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135391**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES O. HINES SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 83  
 City BRACEY State VA Zip Code 23919-0083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132503**  
 Amount of Each Receipt this Period  
 120.16  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES O. HINES SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 83  
 City BRACEY State VA Zip Code 23919-0083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140539**  
 Amount of Each Receipt this Period  
 120.16  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	640.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. SGT.F RUSSELL W. HIPPLEWITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 OAK PINES BLVD  
 City State Zip Code  
 PEMBERTON NJ 08068-1905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. MILITARY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134583**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JANET HOEGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1368 340TH ST  
 City State Zip Code  
 ATLANTIC IA 50022-7501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135622**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PATRICIA R. HOFFMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1130 N ALLUMBAUGH ST  
 APT 274  
 City State Zip Code  
 BOISE ID 83704-8799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132987**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. CLAUDIA D. HOLDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12433 W DE MEYER ST  
 City BOISE State ID Zip Code 83713-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130046**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MR. DANIEL R. HOLDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 795 PEBBLE RD  
 City REYNOLDS State GA Zip Code 31076-3540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133720**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MR. JIM HOLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 WILLIAMS LANE  
 City BIGFORK State MT Zip Code 59911-6346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation LOGGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132111**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 263 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MISS ANN W. HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 95 LAUREL RIDGE PL  
 City HENDERSONVILLE State NC Zip Code 28739-5823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFICIENCY INFORMATION REQUESTED PER BEST EFFICIENCY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129013**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WALTER HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 GOLFVIEW DR.  
 City ALBANY State MN Zip Code 56307-9326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136202**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES M. HOLT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1561  
 City GROVES State TX Zip Code 77619-1561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CHEVRON PHILLIPS CHEMICAL MANUFACTURING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139097**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 264 OF 1531  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES M. HOLT**

Mailing Address P.O. BOX 1561

City GROVES State TX Zip Code 77619-1561

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

Name of Employer CHEVRON PHILLIPS CHEMICAL Occupation MANUFACTURING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.139793

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MANUEL F. HOMEM**

Mailing Address 843 CALAVERAS RIDGE DR.

City MILPITAS State CA Zip Code 95035-3446

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.134740

Amount of Each Receipt this Period  
210.00

Memo Item CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN E. HOMER**

Mailing Address 5339 MELWOOD DR.

City CHARLESTON State WV Zip Code 25313-1119

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.136570

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	810.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 265 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CLAUDIA J. HOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9300 POPLAR RIDGE LN  
 City EVANSVILLE State IN Zip Code 47720-7198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132662**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. KEVIN HOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3711 WATSON AVENUE  
 City TOLEDO State OH Zip Code 43612-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132988**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DIANE E. HOOGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8344 E FAY AVE  
 City MESA State AZ Zip Code 85208-5964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COSTCO Occupation DEMONSTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131454**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DIANE E. HOOGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8344 E FAY AVE  
 City MESA State AZ Zip Code 85208-5964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COSTCO Occupation DEMONSTRATOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134869**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. PHILLIP C. HORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20050 CARTER HILL LN  
 City MAYVILLE State OR Zip Code 97830-9611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134981**  
 Amount of Each Receipt this Period **400.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. PHILLIP C. HORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20050 CARTER HILL LN  
 City MAYVILLE State OR Zip Code 97830-9611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135533**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM J. HORVATH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1750 HIGH GATE LN  
 City SALEM State VA Zip Code 24153-5986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TMEIC Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136462**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM J. HORVATH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1750 HIGH GATE LN  
 City SALEM State VA Zip Code 24153-5986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TMEIC Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136720**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PATRICIA HOTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 PRINCETON DR.  
 City COSTA MESA State CA Zip Code 92626-6163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132626**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 268 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. PATRICIA HOTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 PRINCETON DR.  
 City COSTA MESA State CA Zip Code 92626-6163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133104**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MS. THELMA E. HOUNIHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2163 NW MAST PL APT B  
 City LINCOLN CITY State OR Zip Code 97367-4048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134158**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DORIS L. HOWE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1416 WOODBRIDGE DR.  
 City TYLER State TX Zip Code 75703-3234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer YOUTH WITH A MISSION Occupation ADOPTION CSWRKR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.15

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136146**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 780.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DORIS L. HOWE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1416 WOODBRIDGE DR.  
 City TYLER State TX Zip Code 75703-3234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer YOUTH WITH A MISSION Occupation ADOPTION CSWRKR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.15

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138016**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DORIS L. HOWE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1416 WOODBRIDGE DR.  
 City TYLER State TX Zip Code 75703-3234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer YOUTH WITH A MISSION Occupation ADOPTION CSWRKR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.15

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.141194**  
 Amount of Each Receipt this Period 21.99  
 Memo Item  
 CONTRIBUTION

**C. MR. BRUCE P. HOWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19913 75TH AVE NE  
 City KENMORE State WA Zip Code 98028-2046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHECK RIDE DRIVING SERVIC Occupation CDL INSTRUCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137733**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 270 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JUDITH HUBBARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2314 N WOOD ST  
 City NEOSHO State MO Zip Code 64850-7344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOUSEWIFE Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131037**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JUDITH HUBBARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2314 N WOOD ST  
 City NEOSHO State MO Zip Code 64850-7344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOUSEWIFE Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134008**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JOAN HUCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1570 FIG AVE  
 City REDDING State CA Zip Code 96001-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RET. CIVIL ENG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131936**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JOAN HUCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1570 FIG AVE  
 City REDDING State CA Zip Code 96001-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RET. CIVIL ENG  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135455**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. SHELBY HUGHES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3015 GLENGARY ROAD  
 City SANTA YNEZ State CA Zip Code 93460-9692  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOOD-CLAEYSSENS FDNT Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 277.60

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140826**  
 Amount of Each Receipt this Period 38.80  
 Memo Item CONTRIBUTION

**C. MS. CHERYL HUNTINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1335 GARLAND RD  
 City SOUTH BEND State IN Zip Code 46614-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation R.N.  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 220.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137987**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	188.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 272 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. CHERYL HUNTINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1335 GARLAND RD  
 City SOUTH BEND State IN Zip Code 46614-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOT EMPLOYED Occupation R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139267**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. MR. JOHN M. HUSER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1023 N TERRACE DR.  
 City WEATHERFORD State OK Zip Code 73096-3421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED M.D.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131248**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. MR. C HAROLD HUTCHESON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2334 PERRYSVILLE AVE APT 401  
 City PITTSBURGH State PA Zip Code 15214-3543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133696**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 1531		
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. GLENN HUTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 EVANS DR.  
 City GLEN HEAD State NY Zip Code 11545-3145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128907**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JOAN D. HYLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 CREEK RD  
 City ESPERANCE State NY Zip Code 12066-2812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED  
 Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129605**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PATSY H. ICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 BRIARWOOD CT  
 City VAN State TX Zip Code 75790-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED  
 Occupation HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136437**  
 Amount of Each Receipt this Period  
 140.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MS. MARGARET INGLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 12099 W 117TH ST S

City PRAIRIE CITY State IA Zip Code 50228-8456

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

Name of Employer DR. GREG INGLE Occupation BOOKKEEPER/DRS.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136914**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. MS. MARGARET INGLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 12099 W 117TH ST S

City PRAIRIE CITY State IA Zip Code 50228-8456

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

Name of Employer DR. GREG INGLE Occupation BOOKKEEPER/DRS.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139818**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**C. DR. CHARLES A. ISAAC**  
Full Name (Last, First, Middle Initial)

Mailing Address 929 EMMALINE AVE

City NEWTON State KS Zip Code 67114-2647

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

Name of Employer RETIRED Occupation RET. PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131511**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. CHARLES A. ISAAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 929 EMMALINE AVE  
 City NEWTON State KS Zip Code 67114-2647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134480**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ELEANOR ISBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3121 CARL MORGAN RD  
 City MOODY State AL Zip Code 35004-2646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129336**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ELEANOR ISBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3121 CARL MORGAN RD  
 City MOODY State AL Zip Code 35004-2646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134778**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN H. ISENHOUR JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1237 W HENDERSON ST  
 City SALISBURY State NC Zip Code 28144-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133107**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 CONTRIBUTION

**B. MR. HERSHEL IVIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 177  
 City MACKAY State ID Zip Code 83251-0177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135235**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. HERSHEL IVIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 177  
 City MACKAY State ID Zip Code 83251-0177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135751**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 277 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DONALD J. JABLONSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1025  
 City ANNA MARIA State FL Zip Code 34216-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.127878**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DONALD J. JABLONSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1025  
 City ANNA MARIA State FL Zip Code 34216-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1220.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139219**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**C. MS. EVELYN L. JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 RIVERBEND DR.  
 City SHELBY State OH Zip Code 44875-1766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129422**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 720.16  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 278 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ERNEST K. JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 W OAKLEY AVE  
 City State Zip Code  
 LOWELL IN 46356-2233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128725**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ERNEST K. JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 W OAKLEY AVE  
 City State Zip Code  
 LOWELL IN 46356-2233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133410**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ERNEST K. JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 W OAKLEY AVE  
 City State Zip Code  
 LOWELL IN 46356-2233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134164**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 279 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. SUSAN I. JAMES**  
 Mailing Address 799 AMITY RD  
 City State Zip Code  
 GALLOWAY OH 43119-8730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132875**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JACQUELINE V. JANSEN**  
 Mailing Address 1145 BACCUS DR.  
 APT D  
 City State Zip Code  
 LAFAYETTE CO 80026-2844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133920**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JACQUELINE V. JANSEN**  
 Mailing Address 1145 BACCUS DR.  
 APT D  
 City State Zip Code  
 LAFAYETTE CO 80026-2844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138654**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. AUDREY J. JANSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 320  
 City FLORENCE State WI Zip Code 54121-0320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136262**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. AUDREY J. JANSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 320  
 City FLORENCE State WI Zip Code 54121-0320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136313**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ARTHUR JENSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5626 DELCLIFF CIR  
 City SACRAMENTO State CA Zip Code 95822-2450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132429**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DAVID JENSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 191

City State Zip Code  
CAPTIVA FL 33924-0191

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

Name of Employer Occupation  
JENSEN'S TWIN PALM RESORT RESORT OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.139964**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. MS. SHIRLEY H. JESSUP**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 TAUNTON RIDGE RD

City State Zip Code  
NEWTOWN CT 06470-1419

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.139908**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. MR. JOSE S. JIMENEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 211

City State Zip Code  
TESUQUE NM 87574-0211

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.132588**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 282 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CHERRILYN K. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1835 INNSBROOK AVE  
 City LINCORN State IL Zip Code 62656-1392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.127886**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. CHERRILYN K. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1835 INNSBROOK AVE  
 City LINCORN State IL Zip Code 62656-1392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133287**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. CHERRILYN K. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1835 INNSBROOK AVE  
 City LINCORN State IL Zip Code 62656-1392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134681**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 283 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MELVIN W. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128018**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MELVIN W. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133103**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MELVIN W. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133898**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 284 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MELVIN W. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139490**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RAY H. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9606 N 117TH ST  
 City SCOTTSDALE State AZ Zip Code 85259-5981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133661**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. VIRGINIA A. JOHNSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6360 CENTERVILLE RD  
 City WILLIAMSBURG State VA Zip Code 23188-1743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130988**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 285 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. VIRGINIA A. JOHNSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6360 CENTERVILLE RD  
 City WILLIAMSBURG State VA Zip Code 23188-1743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134121**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. AILEEN M. JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15615 WHITEWATER LN  
 City HOUSTON State TX Zip Code 77079-2533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130177**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. AILEEN M. JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15615 WHITEWATER LN  
 City HOUSTON State TX Zip Code 77079-2533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133794**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. CHARLES F. JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2945 ROSEBUD RD  
 APT 204  
 City LOGANVILLE State GA Zip Code 30052-8972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CUSTOM DESIGN INC Occupation PROTECT DESIGN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136538**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DON P. JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 LAUREL AVE  
 APT 408  
 City SAN MATEO State CA Zip Code 94401-4181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129156**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARTHA L. JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 MCWHORTER CIR  
 City BREMEN State GA Zip Code 30110-3045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE OF GEORGIA Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3136.82

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133590**  
 Amount of Each Receipt this Period  
 636.82  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1236.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT L. JONES</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 1000 WELLER CIR APT 226		Transaction ID : SA11.136417
City WESTMINSTER	State MD	Zip Code 21158-4341
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MS. SUSANNA L. JONES-HART</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 86-281 KAWILI ST		Transaction ID : SA11.134254
City WAIANAE	State HI	Zip Code 96792-2937
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. WANDA L. JONES</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 3700 14TH AVE SE UNIT 65		Transaction ID : SA11.136605
City OLYMPIA	State WA	Zip Code 98501-2770
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 800.00	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARILYN JORDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10527 DAPPING DR.  
 City RALEIGH State NC Zip Code 27614-6403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136590**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. THOMAS M. JORDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8237 WINDSONG CT  
 City COLUMBUS State OH Zip Code 43235-1491  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135862**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. AMY J. JOYCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 NUTMEG LN  
 City MADISON State CT Zip Code 06443-1948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED BOSTON COLLEGE Occupation ASSO. NURSING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135550**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 289 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MIRA A. JUBELA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 337  
 City BOERNE State TX Zip Code 78006-0337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128358**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MIRA A. JUBELA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 337  
 City BOERNE State TX Zip Code 78006-0337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131802**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BARBARA KACKLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1049 MILLER RD  
 City MINERAL POINT State WI Zip Code 53565-8408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135500**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. NELLIE R. KEAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 JEFFREY RD

City PALMER State TX Zip Code 75152-9569

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.132723**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MRS. NELLIE R. KEAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 JEFFREY RD

City PALMER State TX Zip Code 75152-9569

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134047**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**C. MR. EDWARD FAYE KEAST**  
Full Name (Last, First, Middle Initial)

Mailing Address 540 VINE ST

City CARSON State IA Zip Code 51525-4369

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

Name of Employer RETIRED Occupation FARMER RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.130724**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 291 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. VANCE E. KEE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 4113  
UNIT 10

City SURF CITY State NC Zip Code 28445-0057

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 01 / 2016  
**Transaction ID : SA11.131247**

Amount of Each Receipt this Period: 200.00

Memo Item CONTRIBUTION

**B. MR. ROBERT R. KEEGAN**

Full Name (Last, First, Middle Initial)

Mailing Address 1923 E JOYCE BLVD  
APT 248

City FAYETTEVILLE State AR Zip Code 72703-5171

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

Name of Employer SELF Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 01 / 01 / 2016  
**Transaction ID : SA11.130786**

Amount of Each Receipt this Period: 200.00

Memo Item CONTRIBUTION

**C. MR. ROBERT R. KEEGAN**

Full Name (Last, First, Middle Initial)

Mailing Address 1923 E JOYCE BLVD  
APT 248

City FAYETTEVILLE State AR Zip Code 72703-5171

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

Name of Employer SELF Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 01 / 01 / 2016  
**Transaction ID : SA11.133075**

Amount of Each Receipt this Period: 200.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

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

FOR LINE NUMBER: PAGE 292 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MARVIN D. KEENEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4625 ROCKY RIDGE TRL  
 City State Zip Code  
 LITTLE FLOCK AR 72756-7220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134464**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES F. KELLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 FAWN CREEK TRL  
 City State Zip Code  
 BOZEMAN MT 59715-9612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132256**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LORRAINE KELTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2224 SHEFFIELD DR.  
 City State Zip Code  
 FORT COLLINS CO 80526-1641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132606**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 293 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LORRAINE KELTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2224 SHEFFIELD DR.  
 City State Zip Code  
 FORT COLLINS CO 80526-1641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134922**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. LORRAINE KELTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2224 SHEFFIELD DR.  
 City State Zip Code  
 FORT COLLINS CO 80526-1641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134923**  
 Amount of Each Receipt this Period  
 1200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RONALD J. KENVILLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3683 SKYLINE DR.  
 City State Zip Code  
 PENN YAN NY 14527-8913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RET. FARMER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132980**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RONALD J. KENVILLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3683 SKYLINE DR.

City PENN YAN State NY Zip Code 14527-8913

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

Name of Employer SELF Occupation RET. FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.133845**

Amount of Each Receipt this Period  
 225.00

Memo Item  
CONTRIBUTION

**B. MS. LINDA KIDDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 94 SANDY HOLLOW RD  
SUITE 130

City MYSTIC State CT Zip Code 06355-1718

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.139255**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1557 WONDER DR.

City CHAPIN State SC Zip Code 29036-8533

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.138463**

Amount of Each Receipt this Period  
 300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. GRETCHEN KIEDING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1646 ALAMO PINTADO RD  
 City SOLVANG State CA Zip Code 93463-9755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131368**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. EVA L. KIENLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6059 W LAZY HEART ST  
 City TUCSON State AZ Zip Code 85713-4318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128536**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. DYREL LEWIS KIMBALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2706 FERNLEAF RD  
 City CHARLOTTESVLE State VA Zip Code 22911-8277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128261**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JUDITH L. KINDRED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10291 W HIGHWAY 40  
 City Ocala State FL Zip Code 34482-2567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133719**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MR. EDWIN B. KING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7310 SEAWALL BLVD APT 807  
 City GALVESTON State TX Zip Code 77551-1924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137772**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MS. ALICE KINKLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 507  
 City CLARKSTON State MI Zip Code 48347-0507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GREENSTONE'S Occupation BOOKEEPER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135914**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 297 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MS. MARION E. KINTNER</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 2114 LYNNE DR.		<b>Transaction ID : SA11.130707</b>
City NORTH BEND	State OR	Zip Code 97459-1271
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. MR. RONALD G. KINZIE</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 350 W SCHAUMBURG RD APT A253		<b>Transaction ID : SA11.132488</b>
City SCHAUMBURG	State IL	Zip Code 60194-3475
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. MS. BARBARA E. KIPREOS</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 4801 BROMLEY LN		<b>Transaction ID : SA11.128069</b>
City RICHMOND	State VA	Zip Code 23226-1232
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BARBARA E. KIPREOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4801 BROMLEY LN  
 City RICHMOND State VA Zip Code 23226-1232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134268**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MANNING B. KIRBY JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8744 WARM SPRINGS WAY  
 City KNOXVILLE State TN Zip Code 37923-7120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133449**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. LOIS SMITH KIRK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 KLUMAC RD  
 APT 325B  
 City SALISBURY State NC Zip Code 28144-5744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129720**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. LOIS SMITH KIRK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 728 KLUMAC RD  
 APT 325B  
 City SALISBURY State NC Zip Code 28144-5744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135653**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. ELEANOR S. KIRLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N COLLEGE ROW  
 APT 105  
 City BREVARD State NC Zip Code 28712-4874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133924**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. SUSAN G. KITSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 BROADMOOR DR.  
 City CHAMPAIGN State IL Zip Code 61821-6050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128336**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 300 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SUSAN G. KITSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 BROADMOOR DR.  
 City CHAMPAIGN State IL Zip Code 61821-6050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134999**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GEORGE KLINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9072 RAMPART ST  
 City DENVER State CO Zip Code 80260-6713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130981**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. GEORGE KLINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9072 RAMPART ST  
 City DENVER State CO Zip Code 80260-6713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133968**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 301 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. JEAN A. KLINGER**  
 Mailing Address 294 W. BUTLER DR.  
 City State Zip Code  
 DRUMS PA 18222-2312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 242.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134250**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. JEAN A. KLINGER**  
 Mailing Address 294 W. BUTLER DR.  
 City State Zip Code  
 DRUMS PA 18222-2312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 242.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140762**  
 Amount of Each Receipt this Period  
 42.66  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GLEN C. KNECHT**  
 Mailing Address 500 4TH STREET  
 City State Zip Code  
 LAUREL MD 20707-4273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. PASTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134474**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 442.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GLEN C. KNECHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 4TH STREET  
 City LAUREL State MD Zip Code 20707-4273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PASTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134896**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. DR. KATHERINE M. KNIGHT M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4624 TRANSCONTINENTAL DR.  
 City METAIRIE State LA Zip Code 70006-2136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129220**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. MS. DONNA M. KNOWLES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 290 ANITA DR.  
 City MANCHESTER State GA Zip Code 31816-6412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RWS HOSPITAL Occupation SEMI RT M.D.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128612**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 303 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ERIC KNUTSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 143  
 City DAYTON State MT Zip Code 59914-0143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IBEW 768 Occupation ELECTRICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **410.16**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.131677**  
 Amount of Each Receipt this Period **290.00**  
 Memo Item  
**CONTRIBUTION**

**B. DR. PHILIP KOCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3913 HARBOUR VIEW COURT  
 City GAINESVILLE State GA Zip Code 30506-3049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ORAL SURGEON  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135226**  
 Amount of Each Receipt this Period **2000.00**  
 Memo Item  
**CONTRIBUTION**

**C. MRS. ELIZABETH G. KOCHERHANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2703 W DELL DR.  
 City SPOKANE State WA Zip Code 99208-4546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134631**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2390.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARGARET C. KOEHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1117B JIM MEYER DR.  
 APT B  
 City ALEXANDRIA State LA Zip Code 71303-5755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.32

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134674**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARGARET C. KOEHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1117B JIM MEYER DR.  
 APT B  
 City ALEXANDRIA State LA Zip Code 71303-5755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.32

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140002**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**C. MR. EDWARD A. KOHOUT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9607 S 26TH ST  
 City BELLEVUE State NE Zip Code 68147-2484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134584**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 305 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JANET KONDIKOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 628 PLANTATION ST  
 City MESQUITE State TX Zip Code 75150-4706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.133773**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN J. KOOIKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3421 JAY AVE  
 City BOYDEN State IA Zip Code 51234-7574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE OF IOWA RT ST LEGISLATR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.135498**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MARK L. KORB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3630 WOODRIDGE RD  
 City FORT COLLINS State CO Zip Code 80524-1665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 KORB LAW FIRM PLLC ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.137148**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. MARK L. KORB**

Mailing Address 3630 WOODRIDGE RD

City State Zip Code  
FORT COLLINS CO 80524-1665

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

Name of Employer Occupation  
KORB LAW FIRM PLLC ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.138430**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. LEO KOTTE**

Mailing Address 14237 INDIGO LOOP

City State Zip Code  
SUMMERDALE AL 36580-4031

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.133746**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

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

Mailing Address 475 HIGHCROFT RD

City State Zip Code  
WAYZATA MN 55391-1548

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

Name of Employer Occupation  
MINGLE LLC SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.137184**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 307 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RONALD R. KRANZOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1809 DANBY DR.  
 City PLANO State TX Zip Code 75093-4939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134570**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARGARET F. KRAUTKRAMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N2636 BEAN CITY RD  
 City ROYALTON State WI Zip Code 54961-8904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134176**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. FRANK KREGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 E CHICKALOON WAY  
 City WASILLA State AK Zip Code 99654-3942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer U S ARMY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134521**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 308 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. RUTH B. KREINDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1281 GMD DR.  
 UNIT 201  
 City LONGBOAT KEY State FL Zip Code 34228-4631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129979**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DONALD H. KRICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 840 STONEY CREEK DR.  
 APT A  
 City DAUPHIN State PA Zip Code 17018-9649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134335**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. THOMAS J. KRILOWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 311 TWIN LAKES DR.  
 City GRAY State GA Zip Code 31032-5033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134976**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2870.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 309 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. CHARLES F. KSIENIEWICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 AVERY AVE  
 City SYRACUSE State NY Zip Code 13204-1827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SYRACUSE UNIVERSITY Occupation RETAIL CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134634**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MAXINE KUIPERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2559 8TH AVE SW  
 City BYRON CENTER State MI Zip Code 49315-8909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129991**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MAXINE KUIPERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2559 8TH AVE SW  
 City BYRON CENTER State MI Zip Code 49315-8909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134920**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DAWN A. KULASZEWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3810 ALDER LN  
 APT 425  
 City EAGAN State MN Zip Code 55122-3842  
 Name of Employer RETIRED Occupation RET. R N  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130383**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MS. DAWN A. KULASZEWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3810 ALDER LN  
 APT 425  
 City EAGAN State MN Zip Code 55122-3842  
 Name of Employer RETIRED Occupation RET. R N  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133774**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MR. GREGORY S. KULAS SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3932 JORDAN LANE  
 City STEVENS POINT State WI Zip Code 54481-2323  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131052**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 311 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GREGORY S. KULAS SR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3932 JORDAN LANE

City State Zip Code  
STEVENS POINT WI 54481-2323

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.136513**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MS. DOLORES E. KUNZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 731 MARINA POINT DR.

City State Zip Code  
DAYTONA BEACH FL 32114-5047

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.129928**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C. MR. THOMAS J. LABO**  
Full Name (Last, First, Middle Initial)

Mailing Address 13272 E ASBURY DR.

City State Zip Code  
AURORA CO 80014-4302

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

Name of Employer Occupation  
TOM LABO CARPETS FLOORING SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.128060**

Amount of Each Receipt this Period  
750.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 312 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. THOMAS J. LABO**  
Full Name (Last, First, Middle Initial)

Mailing Address 13272 E ASBURY DR.

City State Zip Code  
AURORA CO 80014-4302

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

Name of Employer Occupation  
TOM LABO CARPETS FLOORING SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.130823**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B. MR. VADEN LACKEY JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 LEAKE AVE  
APT 92

City State Zip Code  
NASHVILLE TN 37205-3742

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.136109**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MR. VADEN LACKEY JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 LEAKE AVE  
APT 92

City State Zip Code  
NASHVILLE TN 37205-3742

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.136739**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2200.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 313 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. VIRGINIA M. LAGERS**

Mailing Address 19303 N NEW TRADITION RD  
APT 238

City SUN CITY WEST	State AZ	Zip Code 85375-3853
-----------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.133698**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES E. LAIN**

Mailing Address 16116 BONAIRE CIR

City HUNTINGTON BEACH	State CA	Zip Code 92649-2066
--------------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.128352**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES E. LAIN**

Mailing Address 16116 BONAIRE CIR

City HUNTINGTON BEACH	State CA	Zip Code 92649-2066
--------------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.132801**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 314 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EARL R. LAMBETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3280 95TH ST  
 City BOULDER State CO Zip Code 80301-4930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131369**  
 Amount of Each Receipt this Period  
 115.00  
 Memo Item  
 CONTRIBUTION

**B. MR. EARL R. LAMBETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3280 95TH ST  
 City BOULDER State CO Zip Code 80301-4930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133902**  
 Amount of Each Receipt this Period  
 230.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JOYCE Y. LAMBERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 MEADOWS CT  
 City DAWSONVILLE State GA Zip Code 30534-9505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134311**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 645.00  
**TOTAL** This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 315 OF 1531
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. WARREN P. LANDON</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016 <b>Transaction ID : SA11.134509</b>
Mailing Address 2665 TALLANT RD APT NV282		Amount of Each Receipt this Period 200.00
City SANTA BARBARA	State CA	Zip Code 93105-4832
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. MRS. LAURIE S. LANE</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016 <b>Transaction ID : SA11.129005</b>
Mailing Address 1716 SHEFFIELD DR.		Amount of Each Receipt this Period 20.00
City LOMPOC	State CA	Zip Code 93436-7137
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer CITY OF LOMPOC	Occupation TEACHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. LAURIE S. LANE</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016 <b>Transaction ID : SA11.130308</b>
Mailing Address 1716 SHEFFIELD DR.		Amount of Each Receipt this Period 50.00
City LOMPOC	State CA	Zip Code 93436-7137
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer CITY OF LOMPOC	Occupation TEACHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. LAURIE S. LANE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1716 SHEFFIELD DR.  
City LOMPOC State CA Zip Code 93436-7137  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CITY OF LOMPOC Occupation TEACHER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **770.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134635**  
Amount of Each Receipt this Period **250.00**  
 Memo Item  
CONTRIBUTION

**B. MS. VIRGINIA LANFRANKI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 875 MADRONE LN  
City PATTERSON State CA Zip Code 95363-2633  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.130815**  
Amount of Each Receipt this Period **100.00**  
 Memo Item  
CONTRIBUTION

**C. MRS. JANET K. LANGENBAHN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 407 N KICKAPOO  
City LINCOLN State IL Zip Code 62656-2139  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED TEACHER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **550.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.132297**  
Amount of Each Receipt this Period **300.00**  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JANET K. LANGENBAHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 N KICKAPOO  
 City LINCORN State IL Zip Code 62656-2139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133962**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. PAUL R. LARIVEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 COMMERCIAL ST UNIT 306B  
 City CONCORD State NH Zip Code 03301-5038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134251**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. AUDREY I. LAROCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2106 E FRIESIAN DR.  
 City QUEEN CREEK State AZ Zip Code 85140-5197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133035**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 318 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. AUDREY I. LAROCK**

Mailing Address 2106 E FRIESIAN DR.

City State Zip Code  
QUEEN CREEK AZ 85140-5197

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135453**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HOWLAND A. LARSEN**

Mailing Address 913 51ST ST

City State Zip Code  
VIENNA WV 26105-3141

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128520**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HOWLAND A. LARSEN**

Mailing Address 913 51ST ST

City State Zip Code  
VIENNA WV 26105-3141

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136663**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 319 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ROSALIE M. LASHBROOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1008 33RD STREET CT  
 City Moline State IL Zip Code 61265-2362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.136632**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. CORRINE M. LASTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 OLD SUGAR CREEK RD  
 City Fenton State MO Zip Code 63026-4947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SWIFT PRINT COMMUNICATION PRINTER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.134246**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DANIEL R. LAUDON SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32654 COUNTY ROUTE 194  
 City Theresa State NY Zip Code 13691-2254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RETAILER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.131251**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DANIEL R. LAUDON SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32654 COUNTY ROUTE 194  
 City THERESA State NY Zip Code 13691-2254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETAILER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135227**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. J RONALD LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 467 HIGHWAY 129  
 City FAYETTE State AL Zip Code 35555-6602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LAWRENCE FARM & LUMBER Occupation SELF FARMING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134338**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM D. LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7550 N 16TH ST APT 6330  
 City PHOENIX State AZ Zip Code 85020-7645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation PYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134029**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 321 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MR. JAMES LAWSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1876 N THIMBLE LN

City PRESCOTT VALLEY State AZ Zip Code 86314-1987

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136845**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 CONTRIBUTION

**B. MS. CHRISTY LAYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1068 20TH AVE

City EAST MOLINE State IL Zip Code 61244-2220

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

Name of Employer SETON Occupation TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 309.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140610**

Amount of Each Receipt this Period  
 109.90

Memo Item  
 CONTRIBUTION

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

Mailing Address 4277 BERKSHIRE DR.

City STERLING HEIGHTS State MI Zip Code 48314-1215

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135693**

Amount of Each Receipt this Period  
 200.00

Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	559.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 322 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MISS BETTY J. LEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1018 STADIUM AVE

City State Zip Code  
BIG SPRING TX 79720-3128

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.134710**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MS. MARILYN M. LEEDOM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1196 BLAKES WAY

City State Zip Code  
MENASHA WI 54952-1967

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

Name of Employer Occupation  
RETIRED RETIRED R.N.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.133814**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

**C. MS. MARILYN M. LEEDOM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1196 BLAKES WAY

City State Zip Code  
MENASHA WI 54952-1967

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

Name of Employer Occupation  
RETIRED RETIRED R.N.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.136081**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 323 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DAVID G. LEHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1611 SPRING BROOKE CT  
 City GOSHEN State IN Zip Code 46528-5061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132116**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DAVID G. LEHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1611 SPRING BROOKE CT  
 City GOSHEN State IN Zip Code 46528-5061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133491**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ANDREW J. LEHR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 WILLOWBROOK DR.  
 City ATHENS State TX Zip Code 75751-3534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALLERGY CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135499**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. COLEMAN L. LEMMONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 E PARK AVE  
APT 2

City SEARCY State AR Zip Code 72143-5948

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.134510**

Amount of Each Receipt this Period  
232.00

Memo Item  
CONTRIBUTION

**B. MS. JOYCE M. LENTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 10529 W AVENIDA DEL SOL

City PEORIA State AZ Zip Code 85383-9765

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

Name of Employer RETIRED Occupation RET. TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.129852**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address P.O. BOX 506

City MT. GRETN A State PA Zip Code 17064-0506

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

Name of Employer RETIRED Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.138241**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	832.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 325 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. BETH LEONARD**

Mailing Address P.O. BOX 506

City State Zip Code  
MT. GRETN PA 17064-0506

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

Name of Employer Occupation  
RETIRED HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139790**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM F. LESLIE**

Mailing Address 111 STARFLOWER DR.

City State Zip Code  
GRIFFIN GA 30223-5799

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133037**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. ONA F. LESTER**

Mailing Address 1101 HUMPHRIES RD NW

City State Zip Code  
CONYERS GA 30012-2015

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134737**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 326 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ONA F. LESTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 HUMPHRIES RD NW  
 City CONYERS State GA Zip Code 30012-2015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORT Occupation INFORMATION REQUESTED PER BEST EFFORT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135232**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item CONTRIBUTION

**B. MS. MARY K Y LEUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 W NORTH BEND RD APT 303  
 City CINCINNATI State OH Zip Code 45224-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **425.64**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135812**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item CONTRIBUTION

**C. MS. MARY K Y LEUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 W NORTH BEND RD APT 303  
 City CINCINNATI State OH Zip Code 45224-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **425.64**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.136348**  
 Amount of Each Receipt this Period **70.00**  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **320.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 327 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARY K Y LEUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 W NORTH BEND RD  
 APT 303  
 City CINCINNATI State OH Zip Code 45224-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137346**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**B. MS. MARY K Y LEUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 W NORTH BEND RD  
 APT 303  
 City CINCINNATI State OH Zip Code 45224-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137873**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARY K Y LEUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 W NORTH BEND RD  
 APT 303  
 City CINCINNATI State OH Zip Code 45224-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140029**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.32  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 328 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT E. LEWAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1770 KYLE LANE  
 City MYRTLE BEACH State SC Zip Code 29577-9728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.14

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134837**  
 Amount of Each Receipt this Period  
 101.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT E. LEWAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1770 KYLE LANE  
 City MYRTLE BEACH State SC Zip Code 29577-9728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.14

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137025**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT E. LEWAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1770 KYLE LANE  
 City MYRTLE BEACH State SC Zip Code 29577-9728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.14

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137186**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 146.16  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 329 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT E. LEWAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1770 KYLE LANE

City MYRTLE BEACH	State SC	Zip Code 29577-9728
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.14	

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.138243**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

**B. MR. ROBERT E. LEWAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1770 KYLE LANE

City MYRTLE BEACH	State SC	Zip Code 29577-9728
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.14	

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.140756**

Amount of Each Receipt this Period  
42.98

Memo Item  
CONTRIBUTION

**C. MS. MARILYN S. LEWIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 70

City LEDERACH	State PA	Zip Code 19450-0070
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.130692**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	577.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARILYN S. LEWIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4618 MERCHANT SQUARE PL  
 City LANSDALE State PA Zip Code 19446-4087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134732**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. STANLEY A. LIKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 915 MADISON ST  
 City PAWNEE State IL Zip Code 62558-9469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128934**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARTHA LILLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7244 SAVAGE DR. NE  
 City ALBUQUERQUE State NM Zip Code 87109-5318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138172**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 331 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARTHA LILLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7244 SAVAGE DR. NE  
 City ALBUQUERQUE State NM Zip Code 87109-5318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139295**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BETTY LINCOLN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 246 WHISTLETOWN RD  
 City EAST LYME State CT Zip Code 06333-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.48

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137110**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**C. MS. BETTY LINCOLN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 246 WHISTLETOWN RD  
 City EAST LYME State CT Zip Code 06333-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.48

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140173**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.16  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 332 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MR. HARRY LINDBACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 N CHARLESWORTH ST  
 City DEARBORN HEIGHTS State MI Zip Code 48127-3305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139570**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DONALD H. LINDEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 467 HOGAN WAY APT 48  
 City CHEWELAH State WA Zip Code 99109-9429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. PHYS & SURG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130775**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DONALD H. LINDEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 467 HOGAN WAY APT 48  
 City CHEWELAH State WA Zip Code 99109-9429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. PHYS & SURG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134799**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	385.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 333 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DONALD H. LINDEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 467 HOGAN WAY  
 APT 48  
 City CHEWELAH State WA Zip Code 99109-9429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. PHYS & SURG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135305**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. KENNETH LINDEMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1660 HOFFMAN RD  
 APT 335  
 City GREEN BAY State WI Zip Code 54311-4237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135981**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**C. MR. KENNETH LINDEMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1660 HOFFMAN RD  
 APT 335  
 City GREEN BAY State WI Zip Code 54311-4237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136193**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 334 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. KENNETH LINDEMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1660 HOFFMAN RD  
 APT 335  
 City GREEN BAY State WI Zip Code 54311-4237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136804**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM T. LINDQUIST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 BRIARWOOD RD  
 City VENICE State FL Zip Code 34293-3211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130210**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. CARL G. LINDSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2637 NW LACAMAS DR.  
 City CAMAS State WA Zip Code 98607-7662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131581**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 335 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. CARL G. LINDSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2637 NW LACAMAS DR.

City CAMAS	State WA	Zip Code 98607-7662
---------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.134512**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MS. DIANE LINGLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2446 MEADOW LN

City PLACERVILLE	State CA	Zip Code 95667-3518
---------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.133668**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C. MRS. LOLA A. LITTLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 6152 WATERS WAY

City WEEKI WACHEE	State FL	Zip Code 34607-4047
----------------------	-------------	------------------------

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

Name of Employer USAF	Occupation RET. NURSE
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.133478**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 336 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. LAURA E. LIVELY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 SOLARI CT  
 City EL DORADO HILLS State CA Zip Code 95762-5564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133293**  
 Amount of Each Receipt this Period  
 53.00  
 Memo Item  
 CONTRIBUTION

**B. MR. FREDERICK LLOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37245 VALGIO DRIVE  
 City CALIMESA State CA Zip Code 92320-1481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138322**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. BRUCE LONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1185 LEISURE WORLD  
 City MESA State AZ Zip Code 85206-3065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 421.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136810**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	778.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 337 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. BRUCE LONG**

Mailing Address 1185 LEISURE WORLD

City MESA                      State AZ                      Zip Code 85206-3065

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

Name of Employer RETIRED                      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.138738**

Amount of Each Receipt this Period  
20.16

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BRUCE LONG**

Mailing Address 1185 LEISURE WORLD

City MESA                      State AZ                      Zip Code 85206-3065

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

Name of Employer RETIRED                      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.140544**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1185 LEISURE WORLD

City MESA                      State AZ                      Zip Code 85206-3065

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

Name of Employer RETIRED                      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.140678**

Amount of Each Receipt this Period  
55.88

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 111.04

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

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

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

FOR LINE NUMBER: PAGE 338 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. GRACE N. LONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8369 RAMBLER DR.  
 City State Zip Code  
 BROOKSVILLE FL 34601-2725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129155**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. GRACE N. LONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8369 RAMBLER DR.  
 City State Zip Code  
 BROOKSVILLE FL 34601-2725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134484**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JANE M. LONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7220 YORK AVE S  
 APT 227  
 City State Zip Code  
 MINNEAPOLIS MN 55435-4460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE OF MN RET. CT REPORTER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134256**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 339 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JUDITH LOREE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2845 CABELA CT  
 City RICHLAND State WA Zip Code 99352-7203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED SOCIAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137220**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JUDITH LOREE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2845 CABELA CT  
 City RICHLAND State WA Zip Code 99352-7203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED SOCIAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139163**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JUDITH LOREE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2845 CABELA CT  
 City RICHLAND State WA Zip Code 99352-7203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED SOCIAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.141014**  
 Amount of Each Receipt this Period  
 29.97  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 154.97  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 340 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES LORENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6424 HIDDEN HOLW  
 City State Zip Code  
 HOLLAND MI 49423-7901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 J LORENCE & ASSOC INVEST PROFESS  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137505**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARILYN LOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JENNIFER DR.  
 City State Zip Code  
 SCOTTSBORO AL 35769-6564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JACKSON COUNTY EDA MARKETING DIRECTOR  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 515.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140647**  
 Amount of Each Receipt this Period  
 68.52  
 Memo Item  
 CONTRIBUTION

**C. MS. MARILYN LOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JENNIFER DR.  
 City State Zip Code  
 SCOTTSBORO AL 35769-6564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JACKSON COUNTY EDA MARKETING DIRECTOR  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 515.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140849**  
 Amount of Each Receipt this Period  
 36.97  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.49  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 341 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARILYN LOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JENNIFER DR.  
 City SCOTTSBORO State AL Zip Code 35769-6564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 515.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140861**  
 Amount of Each Receipt this Period  
 35.93  
 Memo Item  
 CONTRIBUTION

**B. MS. MARILYN LOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JENNIFER DR.  
 City SCOTTSBORO State AL Zip Code 35769-6564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 515.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140894**  
 Amount of Each Receipt this Period  
 33.84  
 Memo Item  
 CONTRIBUTION

**C. MS. MARILYN LOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JENNIFER DR.  
 City SCOTTSBORO State AL Zip Code 35769-6564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 515.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140987**  
 Amount of Each Receipt this Period  
 29.98  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	99.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 342 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARILYN LOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 163 JENNIFER DR.  
City SCOTTSBORO State AL Zip Code 35769-6564  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **515.62**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.141040**  
Amount of Each Receipt this Period **27.94**  
 Memo Item  
CONTRIBUTION

**B. MS. MARILYN LOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 163 JENNIFER DR.  
City SCOTTSBORO State AL Zip Code 35769-6564  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **515.62**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.141076**  
Amount of Each Receipt this Period **25.89**  
 Memo Item  
CONTRIBUTION

**C. MS. MARILYN LOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 163 JENNIFER DR.  
City SCOTTSBORO State AL Zip Code 35769-6564  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **515.62**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.141102**  
Amount of Each Receipt this Period **24.90**  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>78.73</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 343 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARILYN LOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JENNIFER DR.  
 City SCOTTSBORO State AL Zip Code 35769-6564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **515.62**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.141135**  
 Amount of Each Receipt this Period **23.39**  
 Memo Item  
 CONTRIBUTION

**B. MS. MARILYN LOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JENNIFER DR.  
 City SCOTTSBORO State AL Zip Code 35769-6564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **515.62**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.141140**  
 Amount of Each Receipt this Period **22.99**  
 Memo Item  
 CONTRIBUTION

**C. MS. MARILYN LOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JENNIFER DR.  
 City SCOTTSBORO State AL Zip Code 35769-6564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **515.62**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.141196**  
 Amount of Each Receipt this Period **21.99**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>68.37</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 344 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. LORRAINE LOVELACE**

Mailing Address 4974 RIO VERDE DR.

City State Zip Code  
SAN JOSE CA 95118-2303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
IHSS PROVIDER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132167**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MELVIN EARL LOWELL**

Mailing Address 1505 W 5650 N

City State Zip Code  
SAINT GEORGE UT 84770-5929

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RTIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131587**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ALVAN LOWRY**

Mailing Address 43233 1ST ST  
P.O. BOX 703

City State Zip Code  
CRANE OR 97732-8018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF RANCHER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132630**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 345 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ALVAN LOWRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43233 1ST ST  
 P.O. BOX 703  
 City CRANE State OR Zip Code 97732-8018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134675**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ALVAN LOWRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43233 1ST ST  
 P.O. BOX 703  
 City CRANE State OR Zip Code 97732-8018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135584**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**C. MS. OREGON E. LYBASS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 WINDSOR PL  
 City JACKSONVILLE State FL Zip Code 32205-7910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128021**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 346 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. OREGON E. LYBASS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 WINDSOR PL  
 City JACKSONVILLE State FL Zip Code 32205-7910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134301**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**B. MRS. SANDRA LYLES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1109 GRAND AVE  
 City BEARDSTOWN State IL Zip Code 62618-1641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134258**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MR. DONALD M. LYNCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 LEDGE RD  
 City WAYNE State NJ Zip Code 07470-6127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131985**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 347 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GLENN DARREL MACEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8136 E CORTEZ DR.  
 City SCOTTSDALE State AZ Zip Code 85260-5653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140086**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ELMER MACIEJEWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14183 360TH ST APT 2  
 City AVON State MN Zip Code 56310-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRUMPER INC Occupation TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131647**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ELMER MACIEJEWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14183 360TH ST APT 2  
 City AVON State MN Zip Code 56310-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRUMPER INC Occupation TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134939**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 348 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. FREDERICK MAHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 SAINT FRANCIS BLVD  
 City State Zip Code  
 SAN FRANCISCO CA 94127-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ATTORNEY RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136512**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. EDWARD A. MAHONEY III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8445 FOXGLOVE AVE NW  
 City State Zip Code  
 CLINTON OH 44216-9502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130998**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MR. EDWARD A. MAHONEY III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8445 FOXGLOVE AVE NW  
 City State Zip Code  
 CLINTON OH 44216-9502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136297**  
 Amount of Each Receipt this Period  
 800.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 349 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. CAROL H. MALONE**

Mailing Address 8025 MOSS ROCK DR.

City State Zip Code  
FORT WORTH TX 76123-1393

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF PIANO TEACHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.135771**

Amount of Each Receipt this Period  
**150.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. VIVIAN J. MALTYB**

Mailing Address 1914 RIVIERA DR.

City State Zip Code  
BLYTHE CA 92225-4149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RET. ARTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.134337**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MICHAEL JOSEPH MANGIONE**

Mailing Address 3130 CORTE PORTOFINO

City State Zip Code  
NEWPORT BEACH CA 92660-3299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF RESTAURANT OWNR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.133584**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 350 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. RHEBA G. MANNING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 W ROBINSON DR. W  
 City HERNANDO State MS Zip Code 38632-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128947**  
 Amount of Each Receipt this Period  
 155.00  
 Memo Item  
 CONTRIBUTION

**B. BRIG GEN. ROBERT E. MANSFIELD JR. USAF R**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2296 LIMEHURST DR. NE  
 City BROOKHAVEN State GA Zip Code 30319-5727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation LOGISTICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.74

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136235**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. BRIG GEN. ROBERT E. MANSFIELD JR. USAF R**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2296 LIMEHURST DR. NE  
 City BROOKHAVEN State GA Zip Code 30319-5727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation LOGISTICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.74

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.141050**  
 Amount of Each Receipt this Period  
 27.74  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	382.74
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 351 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)  
**The 2016 Committee**

**A. MRS. BETTY J. MARKSHEFFEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 518 CANYON RD  
 City KETCHIKAN State AK Zip Code 99901-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131693**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. BETTY J. MARKSHEFFEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 518 CANYON RD  
 City KETCHIKAN State AK Zip Code 99901-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135508**  
 Amount of Each Receipt this Period  
 160.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JACQUELINE E. MAROOF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 294 WESTVIEW TER  
 City ARLINGTON State TX Zip Code 76013-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133384**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 352 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. JACQUELINE E. MAROOF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 294 WESTVIEW TER  
 City ARLINGTON State TX Zip Code 76013-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133495**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ANTHONY MARSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 755 SONNE DR.  
 City ANNAPOLIS State MD Zip Code 21401-7120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAVANNA COMM. CORP. Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134513**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD P. MARSHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4041 FLAMINGO DR.  
 City MACON State GA Zip Code 31206-1857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. USA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135023**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 353 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. GYSGT R JAMES MARTIN USMC VET**

Full Name (Last, First, Middle Initial)  
Mailing Address 501 SYCAMORE LN  
APT 327

City EULESS State TX Zip Code 76039-4408

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.131384**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. GYSGT R JAMES MARTIN USMC VET**

Full Name (Last, First, Middle Initial)  
Mailing Address 501 SYCAMORE LN  
APT 327

City EULESS State TX Zip Code 76039-4408

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.138057**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MR. ROBERT T. MARTIN**

Full Name (Last, First, Middle Initial)  
Mailing Address 9 DIAMOND DR.

City KEY WEST State FL Zip Code 33040-5633

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation CLAY MINRLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.128488**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	25400.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 354 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES P. MARTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 BRANDY HOLLOW LN

City PORTLAND State TN Zip Code 37148-4859

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PORTLAND DIAGNOSTIC CTR X-RAY TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.133868**

Amount of Each Receipt this Period  
225.00

Memo Item  
CONTRIBUTION

**B. MRS. CORA L. MASSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3151CO RD 2800E

City PENFIELD State IL Zip Code 61862-9515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED SPEECH/LANGUAGE PATHOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 542.96

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.130109**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MRS. CORA L. MASSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3151CO RD 2800E

City PENFIELD State IL Zip Code 61862-9515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED SPEECH/LANGUAGE PATHOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 542.96

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.134611**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 355 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MRS. CORA L. MASSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3151CO RD 2800E  
 City PENFIELD State IL Zip Code 61862-9515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation SPEECH/LANGUAGE PATHOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **542.96**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.141268**  
 Amount of Each Receipt this Period **21.48**  
 Memo Item  
 CONTRIBUTION

**B. MR. GILBERT ALLEN MATHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2703 WOODS TRAIL SOUTH P.O. BOX 911  
 City BURNSVILLE State MN Zip Code 55306-5261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.137711**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
 CONTRIBUTION

**C. MR. GILBERT ALLEN MATHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2703 WOODS TRAIL SOUTH P.O. BOX 911  
 City BURNSVILLE State MN Zip Code 55306-5261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.139483**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2021.48</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 356 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. HAZEL MATHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4861 SHADY RIVER LN  
 City FORT MYERS State FL Zip Code 33905-7455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134127**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item  
 CONTRIBUTION

**B. COL ROYCE L. MATHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4750 S HIGHWAY 95  
 City FORT MOHAVE State AZ Zip Code 86426-9377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 USAF RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136320**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MISS CAROL M. MATHIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1546 WEBB ST  
 City ALBANY State GA Zip Code 31721-2934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF OWNER DANCE STU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134170**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	805.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 357 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BARBARA J. MATTHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3104 LAKESHORE CT  
 City EUSTIS State FL Zip Code 32726-7335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131336**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**B. MRS. BARBARA J. MATTHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3104 LAKESHORE CT  
 City EUSTIS State FL Zip Code 32726-7335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134329**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
**CONTRIBUTION**

**C. MS. JANICE M. MAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 FOWLER ST  
 P.O. BOX 243  
 City MAPLE HILL State KS Zip Code 66507-9050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130936**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 358 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. DONALD L. MAYER**  
 Mailing Address 40 MODENA ISLAND DR.  
 City SAVANNAH State GA Zip Code 31411-1006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TSG WATER RESOURCES INC Occupation BUS MGT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139930**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MICHAEL D. MC DONALD**  
 Mailing Address 5234 21ST ST  
 City LUBBOCK State TX Zip Code 79407-2132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136571**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARY C. MC ELHANNON**  
 Mailing Address 35 CHESTNUT OAK RUN  
 City ATHENS State GA Zip Code 30607-7124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129501**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 385.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 359 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARY C. MC ELHANNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 CHESTNUT OAK RUN  
 City ATHENS State GA Zip Code 30607-7124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134754**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DORIS NADINE MCCLANAHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1623 ADRIAN ST  
 City BAKERSFIELD State CA Zip Code 93308-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130736**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DORIS NADINE MCCLANAHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1623 ADRIAN ST  
 City BAKERSFIELD State CA Zip Code 93308-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134296**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 360 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. HAROLD B. MCCONNELL JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 COUNTY ROAD 388  
 City WETMORE State CO Zip Code 81253-9503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PUBLIC CITY SCHOOLS Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129442**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. HAROLD B. MCCONNELL JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 COUNTY ROAD 388  
 City WETMORE State CO Zip Code 81253-9503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PUBLIC CITY SCHOOLS Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135178**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES F. MCCOOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 456 FLANDERS DR.  
 City SAINT LOUIS State MO Zip Code 63122-1457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131799**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 361 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LORENE H. MCCORMACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1293 CORONA AVE  
 City MEDFORD State OR Zip Code 97504-5205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129048**  
 Amount of Each Receipt this Period 70.00  
 Memo Item CONTRIBUTION

**B. MRS. JANE E. MCCULLOCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4130 EVERGREEN DR.  
 City FAIRFAX State VA Zip Code 22032-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130664**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**C. MS. PATRICIA A. MCDOWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2308 DOUGLAS DR.  
 City CARLISLE State PA Zip Code 17013-1094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128070**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 362 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. PATRICIA A. MCDOWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2308 DOUGLAS DR.  
 City CARLISLE State PA Zip Code 17013-1094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134232**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ARTHUR D. MCENEARNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 E KANESVILLE BLVD  
 APT 111  
 City COUNCIL BLUFFS State IA Zip Code 51503-4768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134753**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JUDITH M. MCFADDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24013 J PLACE  
 City OCEAN PARK State WA Zip Code 98640-3860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134812**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 363 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. THOMAS J. MCGRATH**  
Full Name (Last, First, Middle Initial)

Mailing Address 366 S MARKET AVE

City MOUNT JOY State PA Zip Code 17552-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation VETERINARIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135363**

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

**B. MR. JERRY N. MCGUIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 11687 DONNYCAVE LN

City MARYLAND HTS State MO Zip Code 63043-1322

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. CIVIL ENG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134951**

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

**C. DR. MICHAEL DAVID MCGUIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 COUNTY ROAD 396

City CENTRE State AL Zip Code 35960-8644

FEC ID number of contributing federal political committee. **C**

Name of Employer GREENOCK FARM VET. HOSP. Occupation VETERINARIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136006**

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 364 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. ELLSWORTH MCKEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 567  
 City COLLEGEDALE State TN Zip Code 37315-0567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2016.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135265**  
 Amount of Each Receipt this Period  
 2016.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. NEVA M. MCKINLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9109 S BROADWAY AVE  
 City OKLAHOMA CITY State OK Zip Code 73139-8307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134169**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BETTY LOU MCLAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 WALNUT LN  
 City WEST NEWTON State PA Zip Code 15089-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133175**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2516.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 365 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CAROL H. MCLAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 443 FAIRLANE CT  
 City SEVERNA PARK State MD Zip Code 21146-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134044**  
 Amount of Each Receipt this Period  
 226.00  
 Memo Item  
 CONTRIBUTION

**B. JANE MCLEOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4036 YARDLEY CIR.  
 City TALLAHASSEE State FL Zip Code 32309-2941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140595**  
 Amount of Each Receipt this Period  
 361.90  
 Memo Item  
 CONTRIBUTION

**C. MRS. SARAH M. MCLOUGHLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 RYMROCK RD  
 UNIT 59  
 City KINGSTON State NY Zip Code 12401-7458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOSPICE INC Occupation R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133030**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 622.90  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 366 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. SARAH M. MCLOUGHLIN**

Full Name (Last, First, Middle Initial)  
Mailing Address 131 RYMROCK RD  
UNIT 59

City KINGSTON State NY Zip Code 12401-7458

FEC ID number of contributing federal political committee. **C**

Name of Employer HOSPICE INC Occupation R.N.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134514**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MR. DON E. MCMANUS**

Full Name (Last, First, Middle Initial)  
Mailing Address 30 HART ST

City HORNELL State NY Zip Code 14843-2347

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.132604**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MR. DON E. MCMANUS**

Full Name (Last, First, Middle Initial)  
Mailing Address 30 HART ST

City HORNELL State NY Zip Code 14843-2347

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134518**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 367 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. GLENNA MCMULLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 196 FOSTER RUN RD  
 City MIDDLEBOURNE State WV Zip Code 26149-7782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134735**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. DOROTHY MCWHIRTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 BUCKSKIN RD  
 City BELL CANYON State CA Zip Code 91307-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 534.83

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135626**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. DOROTHY MCWHIRTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 BUCKSKIN RD  
 City BELL CANYON State CA Zip Code 91307-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 534.83

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137357**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 368 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. DOROTHY MCWHIRTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 BUCKSKIN RD  
 City BELL CANYON State CA Zip Code 91307-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **534.83**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.140874**  
 Amount of Each Receipt this Period **34.83**  
 Memo Item  
**CONTRIBUTION**

**B. MR. MORTON W. MCWHORTER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 656 HIGHWAY 94  
 City ALEDO State IL Zip Code 61231-8603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.130343**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. THOMAS C. MEADE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3381 STONE CITY RD  
 City CENTRAL CITY State IA Zip Code 52214-9641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134168**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>484.83</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 369 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LEONARD M. MEADOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 RIVER RIDGE RD  
 City MADISON HEIGHTS State VA Zip Code 24572-2344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130539**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. PEGGY MEFFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2599 NE STUDIO RD UNIT 207  
 City BEND State OR Zip Code 97701-9879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CAREGIVER RET.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131362**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PEGGY MEFFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2599 NE STUDIO RD UNIT 207  
 City BEND State OR Zip Code 97701-9879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CAREGIVER RET.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134294**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 370 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ARTHUR S. MELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2009 E 37TH AVE  
 City SPOKANE State WA Zip Code 99203-4113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LB STONE PROPER GROUP Occupation CEO CORP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134941**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**B. MS. GRACE MELLGREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3685 FAIRVIEW DR.  
 City VISTA State CA Zip Code 92084-1023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAN DIEGO EYE CARE CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136903**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. MS. GRACE MELLGREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3685 FAIRVIEW DR.  
 City VISTA State CA Zip Code 92084-1023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAN DIEGO EYE CARE CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139077**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 371 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID B. MELVILLE**  
 Mailing Address 1767 BAR HARBOR DR.  
 City State Zip Code  
 FORT PIERCE FL 34945-2444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OCEANGROWN, INC. EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136760**  
 Amount of Each Receipt this Period  
 140.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID B. MELVILLE**  
 Mailing Address 1767 BAR HARBOR DR.  
 City State Zip Code  
 FORT PIERCE FL 34945-2444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OCEANGROWN, INC. EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137320**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MARYLYN MENZEL**  
 Mailing Address W7506 STATE ROAD 106  
 City State Zip Code  
 FORT ATKINSON WI 53538-9537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129653**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 385.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 372 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARYLYN MENZEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W7506 STATE ROAD 106  
 City State Zip Code  
 FORT ATKINSON WI 53538-9537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134295**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item  
 CONTRIBUTION

**B. D YVONNE MERCER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7917 NW 38TH ST  
 City State Zip Code  
 BETHANY OK 73008-3141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED FUNERAL HOME OP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134516**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WARREN KEITH MEREDITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 E SUNSET DR.  
 City State Zip Code  
 MEDFORD OK 73759-2402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129209**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 590.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 373 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WARREN KEITH MEREDITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 E SUNSET DR.  
 City MEDFORD State OK Zip Code 73759-2402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135662**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. HARRY A. MERLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2732 SW SCHOLLS FERRY RD  
 City PORTLAND State OR Zip Code 97221-1317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MERLO CORPORATION Occupation OWNER/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133309**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. STEVEN J. METTLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43112 282ND ST  
 City MENNO State SD Zip Code 57045-6611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUTCHINSON CONSERVATION Occupation FIELD SPVR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128810**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 374 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. STEVEN J. METTLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43112 282ND ST  
 City MENNO State SD Zip Code 57045-6611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUTCHINSON CONSERVATION Occupation FIELD SPVR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129730**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. J EDWARD MEYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 S MONROE ST APT 435  
 City DENVER State CO Zip Code 80210-3770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136483**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. J EDWARD MEYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 S MONROE ST APT 435  
 City DENVER State CO Zip Code 80210-3770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136587**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 375 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. NORMAN G. MEYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11920 SUNDOG WAY  
City FORT WORTH State TX Zip Code 76244-4891  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CHRISTIAN BROTHERS AUTO Occupation BUS OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130335**  
Amount of Each Receipt this Period 150.00  
 Memo Item  
CONTRIBUTION

**B. MR. NORMAN G. MEYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11920 SUNDOG WAY  
City FORT WORTH State TX Zip Code 76244-4891  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CHRISTIAN BROTHERS AUTO Occupation BUS OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139666**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
CONTRIBUTION

**C. THORE P. MEYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 110 1ST AVE NE APT 201  
City BUFFALO State MN Zip Code 55313-1536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation CIVIL ENGINEER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135867**  
Amount of Each Receipt this Period 50.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 376 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. THORE P. MEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 1ST AVE NE  
 APT 201  
 City BUFFALO State MN Zip Code 55313-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136151**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. CYNTHIA MILES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 818 W BOWLING  
 City SPOKANE State WA Zip Code 99218-2349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SPOKANE HOUSING AUTHORITY Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131577**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LORI A. MILLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 156 MULL AVE  
 City AVON LAKE State OH Zip Code 44012-1927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JUST LIKE FAMILY HOME CARE Occupation LPN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138723**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 377 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CHRISTINE MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1166 NINE FOOT RD  
 City GREENWOOD State DE Zip Code 19950-2055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138405**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MS. CHRISTINE MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1166 NINE FOOT RD  
 City GREENWOOD State DE Zip Code 19950-2055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE  
 EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140515**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DIANE W. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12286 N 86TH PL  
 City SCOTTSDALE State AZ Zip Code 85260-5337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133070**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 378 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DIANE W. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 12286 N 86TH PL

City State Zip Code  
SCOTTSDALE AZ 85260-5337

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.134482

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. MR. DONALD J. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 CLAYMONT DR.

City State Zip Code  
BALLWIN MO 63011-2523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.135767

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. MR. DONALD J. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 CLAYMONT DR.

City State Zip Code  
BALLWIN MO 63011-2523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.136059

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 379 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DONALD J. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 CLAYMONT DR.  
 City BALLWIN State MO Zip Code 63011-2523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1300.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.136652**  
 Amount of Each Receipt this Period **400.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. DUANE A. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1433 POPPY CT  
 City BEAUMONT State CA Zip Code 92223-2035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135504**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. WILLIAM H. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3438 HOLLY HILL RD  
 City LAKE CHARLES State LA Zip Code 70605-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134092**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 380 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. G B. MILWAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1702 SPRING WAGON DR.

City LOVELAND	State CO	Zip Code 80537-2906
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.135545**

Amount of Each Receipt this Period  
210.00

Memo Item  
CONTRIBUTION

**B. MR. ROBB C. MINOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 312 CHERYL AVE

City LOS ALAMOS	State NM	Zip Code 87544-3610
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2002.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.133465**

Amount of Each Receipt this Period  
2002.00

Memo Item  
CONTRIBUTION

**C. LTC BOYAN MISHEV USAF RET.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3611 MAJESTIC LN

City BOWIE	State MD	Zip Code 20715-1606
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RET. USAF
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.131803**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2262.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. STEFAN MISSBRENNDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 DRAKE CT  
 City BOONTON State NJ Zip Code 07005-9040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STEFAN ENTERPRISES INC Occupation TEXTILE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132798**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM P. MIXON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2905 26TH AVE E  
 City BRADENTON State FL Zip Code 34208-7455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129997**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WALKER D. MIZELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45120 DORMAN PL  
 City CALLAHAN State FL Zip Code 32011-3829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133286**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 382 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WALKER D. MIZELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45120 DORMAN PL  
 City CALLAHAN State FL Zip Code 32011-3829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139226**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**B. MS. MILDRED M. MOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 PURPLE SAGE  
 City IRVINE State CA Zip Code 92603-3706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETPHYSICISTPHD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129046**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MILDRED M. MOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 PURPLE SAGE  
 City IRVINE State CA Zip Code 92603-3706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETPHYSICISTPHD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134471**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 383 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. V LOUIS MOGAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 KNIPP RD  
 City HOUSTON State TX Zip Code 77024-7114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 45000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132836**  
 Amount of Each Receipt this Period  
 15000.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ELEANOR R. MOON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1838 RIVER RD  
 City W COXSACKIE State NY Zip Code 12192-3102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130340**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT S. MOON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 936 PLANTATION BLVD  
 City GALLATIN State TN Zip Code 37066-4494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUPONT Occupation RETIRED ENGINEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134321**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 384 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JESS EUGENE MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 578 ROCKLEDGE CT  
 City FRISCO State TX Zip Code 75034-2942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation GEOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131211**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MR. JESS EUGENE MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 578 ROCKLEDGE CT  
 City FRISCO State TX Zip Code 75034-2942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation GEOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134034**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. MR. JOHN R. MOREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4439 BRYANT ST  
 City DENVER State CO Zip Code 80211-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131212**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 385 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN R. MOREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4439 BRYANT ST  
 City State Zip Code  
 DENVER CO 80211-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132741**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN R. MOREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4439 BRYANT ST  
 City State Zip Code  
 DENVER CO 80211-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132742**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM B. MORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 HILLENDALE AVE  
 City State Zip Code  
 NAZARETH PA 18064-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132037**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES MORRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 920992  
 City State Zip Code  
 DUTCH HARBOR AK 99692-0992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ILWU LONGSHOREMAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137769**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JANICE MORRISSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 WOODLAND DR.  
 City State Zip Code  
 MANHEIM PA 17545-9556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DANIEL MORRISSEY FINANCIAL ADVIS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137570**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. REECE V. MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7555 MAYSVILLE RD  
 City State Zip Code  
 MAYSVILLE GA 30558-3529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129314**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. REECE V. MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7555 MAYSVILLE RD  
 City MAYSVILLE State GA Zip Code 30558-3529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139206**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DOROTHY MORTELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12271 BASTIAN RD  
 City HINCKLEY State IL Zip Code 60520-6000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132006**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DOROTHY MORTELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12271 BASTIAN RD  
 City HINCKLEY State IL Zip Code 60520-6000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134802**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. F N. MOSES**

Mailing Address 4581 HALLMARK DR.

City PLANO State TX Zip Code 75024-2171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133364**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. JEAN A. MOSS**

Mailing Address 2130 OLD QUARRY RD

City RIVERSIDE State CA Zip Code 92506-3550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133564**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. PAULINE A. MOTL**

Mailing Address 245 E CYNTHIA LN

City LA GRANGE State TX Zip Code 78945-3418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED TEACHER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136252**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. PAULINE A. MOTL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 E CYNTHIA LN  
 City LA GRANGE State TX Zip Code 78945-3418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136754**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. PETER W. MOYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 ABBEY PEAK LN  
 City INCLINE VILLAGE State NV Zip Code 89451-9386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 9500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130860**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. PETER W. MOYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 ABBEY PEAK LN  
 City INCLINE VILLAGE State NV Zip Code 89451-9386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 9500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136533**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT K. MUHS SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5925 91ST AVE SE  
 City State Zip Code  
 DICKKEY ND 58431-9600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FARMER SELF EMPLOYED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 226.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134519**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT K. MUHS SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5925 91ST AVE SE  
 City State Zip Code  
 DICKKEY ND 58431-9600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FARMER SELF EMPLOYED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 226.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135451**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ARNOLD S. MUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9708 W HAWTHORNE ST  
 City State Zip Code  
 CRYSTAL RIVER FL 34428-6111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. TEACHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129149**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 251.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 391 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. CHARLOTTE R. MUNNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 S PALOUSE ST  
 City WALLA WALLA State WA Zip Code 99362-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131646**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. CHARLOTTE R. MUNNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 S PALOUSE ST  
 City WALLA WALLA State WA Zip Code 99362-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135574**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. PAM MUNOZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7992 SHORT RD  
 City KLAMATH FALLS State OR Zip Code 97603-8501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOB HALL TRUCKING TRUCKING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137741**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 392 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. PAM MUNOZ**  
 Mailing Address 7992 SHORT RD  
 City State Zip Code  
 KLAMATH FALLS OR 97603-8501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOB HALL TRUCKING TRUCKING  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140674**  
 Amount of Each Receipt this Period  
 57.92  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID M. MUNSON SR.**  
 Mailing Address 5128 BROOKVIEW STE 930  
 City State Zip Code  
 DALLAS TX 75220-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136093**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DAVID M. MUNSON SR.**  
 Mailing Address 5128 BROOKVIEW STE 930  
 City State Zip Code  
 DALLAS TX 75220-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138893**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2257.92  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 393 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ADELIA MURPHY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 604 RAMSEY BRIDGE RD SE

City CLEVELAND	State TN	Zip Code 37323-8548
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED TEACHER
-----------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.128077**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

**B. MRS. ADELIA MURPHY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 604 RAMSEY BRIDGE RD SE

City CLEVELAND	State TN	Zip Code 37323-8548
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED TEACHER
-----------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.129173**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MRS. ADELIA MURPHY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 604 RAMSEY BRIDGE RD SE

City CLEVELAND	State TN	Zip Code 37323-8548
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED TEACHER
-----------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.130874**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 394 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. ADELIA MURPHY**

Mailing Address **604 RAMSEY BRIDGE RD SE**

City State Zip Code  
**CLEVELAND TN 37323-8548**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED TEACHER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1100.00**

Date of Receipt  
**01 / 01 / 2016**

**Transaction ID : SA11.133560**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLARD M. MURRIE**

Mailing Address **506 11TH ST**

City State Zip Code  
**VIENNA IL 62995-1522**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**PASTOR & TEACHER RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**01 / 01 / 2016**

**Transaction ID : SA11.133655**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JERRY L. MUSE**

Mailing Address **4005 BRANDYWINE DR.**

City State Zip Code  
**JONESBORO AR 72404-0701**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF RET. M D**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**01 / 01 / 2016**

**Transaction ID : SA11.128927**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **1800.00**

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 395 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. JOLYN NARANJO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12440 SYCAMORE AVE  
 City CHINO State CA Zip Code 91710-2758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 3N1 ELECTRIC INC Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138023**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. RITA L. NAUMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1105 LAKERIDGE DR.  
 City HASTINGS State NE Zip Code 68901-2582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136096**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. VENITA M. NEEDHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 ANNA ST  
 City MOSCOW State ID Zip Code 83843-3509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.12

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132390**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 335.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 396 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. VENITA M. NEEDHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 ANNA ST  
 City MOSCOW State ID Zip Code 83843-3509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.12

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135449**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ALBERT H. NEES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1017 S RUE ST  
 City WICHITA State KS Zip Code 67207-4346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136525**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JEROLD G. NEFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4921 FAIRWAY RIDGE CIR  
 City W BLOOMFIELD State MI Zip Code 48323-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132134**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 397 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JEROLD G. NEFF**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4921 FAIRWAY RIDGE CIR  
City W BLOOMFIELD State MI Zip Code 48323-3321  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 355.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138024**  
Amount of Each Receipt this Period 50.00  
 Memo Item  
CONTRIBUTION

**B. MR. JEROLD G. NEFF**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4921 FAIRWAY RIDGE CIR  
City W BLOOMFIELD State MI Zip Code 48323-3321  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 355.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139311**  
Amount of Each Receipt this Period 50.00  
 Memo Item  
CONTRIBUTION

**C. MR. RICHARD J. NELSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 81 CRESTWOOD DR. APT 16  
City DALY CITY State CA Zip Code 94015-3224  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134576**  
Amount of Each Receipt this Period 150.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 398 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RONALD C. NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 15929 WOODLET WAY CT

City CHESTERFIELD State MO Zip Code 63017-5050

FEC ID number of contributing federal political committee. **C**

Name of Employer MONSANTO CO Occupation RET. ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.135400**

Amount of Each Receipt this Period  
 300.00

Memo Item  
CONTRIBUTION

**B. MR. RONALD C. NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 15929 WOODLET WAY CT

City CHESTERFIELD State MO Zip Code 63017-5050

FEC ID number of contributing federal political committee. **C**

Name of Employer MONSANTO CO Occupation RET. ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.137714**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C. MR. DAVID J. NEMZEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 5136 WALNUT PLACE LN

City CARMICHAEL State CA Zip Code 95608-3081

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.129867**

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 399 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. DAVID J. NEMZEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 5136 WALNUT PLACE LN

City State Zip Code  
CARMICHAEL CA 95608-3081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.134421**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MR. JAMES NESBITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1703 BETSY CT

City State Zip Code  
WARSAW IN 46580-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.134993**

Amount of Each Receipt this Period  
240.00

Memo Item  
CONTRIBUTION

**C. MS. MARTHA A. NEUDING**  
Full Name (Last, First, Middle Initial)

Mailing Address 531 ELM AVE

City State Zip Code  
CIRCLEVILLE OH 43113-1935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.130120**

Amount of Each Receipt this Period  
70.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	410.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 400 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. PETER E. NEVES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23820 GYLE RD  
 City GERBER State CA Zip Code 96035-9645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130221**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. BRIGHT NEWHOUSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 671  
 City CLARENDON State TX Zip Code 79226-0671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation SALESMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130346**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. RUTHE NILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 HARVEST MOON CIR  
 City GRAFTON State ND Zip Code 58237-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NILSON FARMS Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134233**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 401 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD C. NOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 331  
 City HOPKINSVILLE State KY Zip Code 42241-0331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132495**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES NOONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 70  
 City WINDSOR State SC Zip Code 29856-0070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BSI ENGINEERING Occupation ENGINEER/OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140058**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. GLENN NORFLEET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 BOB WHITE DR.  
 City MANCHESTER State TN Zip Code 37355-5920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135955**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 402 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GLENN NORFLEET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 BOB WHITE DR.  
 City MANCHESTER State TN Zip Code 37355-5920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136187**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GLENN NORFLEET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 BOB WHITE DR.  
 City MANCHESTER State TN Zip Code 37355-5920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136582**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. GLENN NORFLEET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 BOB WHITE DR.  
 City MANCHESTER State TN Zip Code 37355-5920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137343**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	520.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 403 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GLENN NORFLEET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 BOB WHITE DR.  
 City MANCHESTER State TN Zip Code 37355-5920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137565**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GLENN NORFLEET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 BOB WHITE DR.  
 City MANCHESTER State TN Zip Code 37355-5920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139576**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BETTY NORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 CHERRYWOOD CIR  
 City MARSHALL State TX Zip Code 75672-7610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129860**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 404 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. C MERL NORMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39757 573RD ST  
City ZUMBRO FALLS State MN Zip Code 55991-5229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation OWNER/DRIVER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.132794**  
Amount of Each Receipt this Period **50.00**  
 Memo Item  
CONTRIBUTION

**B. MR. C MERL NORMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39757 573RD ST  
City ZUMBRO FALLS State MN Zip Code 55991-5229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation OWNER/DRIVER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134612**  
Amount of Each Receipt this Period **200.00**  
 Memo Item  
CONTRIBUTION

**C. MR. MILTON G. NORRELL M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2117  
City COLLEGEDALE State TN Zip Code 37315-2117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NORRELL CLINIC PA Occupation RET. M D  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2500.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.129868**  
Amount of Each Receipt this Period **1000.00**  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 405 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ALICIA F. NOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1885 PIERCE ST  
 City EUGENE State OR Zip Code 97405-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134530**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. HARRIET V. NYSTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20510 FALCONS LANDING CIR  
 APT 1206  
 City POTOMAC FALLS State VA Zip Code 20165-2803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133963**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**C. MS. GRACIE O'NEAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 N BULLARD RD  
 City MCALESTER State OK Zip Code 74501-9791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133935**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 406 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. HELEN GRESSON O'NEAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4507 ASHE DR.  
 City BURLINGTON State NC Zip Code 27215-8729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130990**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. HELEN GRESSON O'NEAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4507 ASHE DR.  
 City BURLINGTON State NC Zip Code 27215-8729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136510**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. CONNIE C. O'NEIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3214 N 159TH AVE  
 City OMAHA State NE Zip Code 68116-2453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135855**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 407 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES O'NEILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2306 E PINHOOK RD  
 City LAFAYETTE State LA Zip Code 70501-3956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137039**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LYNN C. OBERLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5880 W 92ND PL  
 City WESTMINSTER State CO Zip Code 80031-6502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LAKEWOOD ELECTRIC COMPANY Occupation ELECTRICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133799**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LYNN C. OBERLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5880 W 92ND PL  
 City WESTMINSTER State CO Zip Code 80031-6502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LAKEWOOD ELECTRIC COMPANY Occupation ELECTRICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139643**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 408 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ROBIN T. OESTREICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17440 TAYLOR RD  
 City ALVA State FL Zip Code 33920-3219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ORGANIC GROWER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133479**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JACQUELINE G. OGDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3244 GALBRAITH LINE RD  
 City BROWN CITY State MI Zip Code 48416-8404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132834**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. SHIRLEY W. OGLESBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9226 NC HIGHWAY 903  
 City OAK CITY State NC Zip Code 27857-9446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130220**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	725.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 409 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROGER D. OLLEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9121 N BURR AVE  
 APT 225  
 City PORTLAND State OR Zip Code 97203-2473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133669**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROGER D. OLLEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9121 N BURR AVE  
 APT 225  
 City PORTLAND State OR Zip Code 97203-2473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135450**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MARVIN B. OLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17300 E PLUMLEY RD  
 City PALMER State AK Zip Code 99645-8532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131367**  
 Amount of Each Receipt this Period  
 230.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 930.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 410 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MARVIN B. OLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 17300 E PLUMLEY RD

City PALMER State AK Zip Code 99645-8532

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.135329**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MR. CHARLES J. OPERSTENY USA RET.**  
Full Name (Last, First, Middle Initial)

Mailing Address 7575 LEONARD RD

City BRYAN State TX Zip Code 77807-9527

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation RET. PHYS THERAP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134293**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**C. MS. JEANIE ORR**  
Full Name (Last, First, Middle Initial)

Mailing Address 8979 JENNA RD

City GERMANTOWN State TN Zip Code 38138-8436

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSE WIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.129858**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 411 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JEANIE ORR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8979 JENNA RD  
 City GERMANTOWN State TN Zip Code 38138-8436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSE WIFE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **900.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133841**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item CONTRIBUTION

**B. MR. ARNOLD E. OTTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1518 CLEARVIEW BLVD  
 City YORK State NE Zip Code 68467-4642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.132343**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item CONTRIBUTION

**C. MR. ARNOLD E. OTTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1518 CLEARVIEW BLVD  
 City YORK State NE Zip Code 68467-4642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134457**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 412 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MRS. PHYLLIS W. OVERLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 SAINT JOHN CIR  
 City LITITZ State PA Zip Code 17543-2211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134096**  
 Amount of Each Receipt this Period 113.00  
 Memo Item  
 CONTRIBUTION

**B. JEAN M. OVERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1735 MEIERS CT NW  
 City CEDAR RAPIDS State IA Zip Code 52405-1164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136545**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DANIEL B. PACKARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8701 SANDRINGHAM AVE  
 City LAS VEGAS State NV Zip Code 89129-7258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SILVER RIDGE HEALTH CARE Occupation RESP THERAPIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131578**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	713.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 413 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DANIEL B. PACKARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8701 SANDRINGHAM AVE  
 City LAS VEGAS State NV Zip Code 89129-7258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SILVER RIDGE HEALTH CARE Occupation RESP THERAPIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135439**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 CONTRIBUTION

**B. MR. VINCENT PAGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38274 BOZEMAN LN  
 City PATTISON State TX Zip Code 77423-2438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DRL ENGINEERING Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **10000.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133363**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item  
 CONTRIBUTION

**C. MS. MARY PAINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 CHARRO CT  
 City SANTA ROSA State CA Zip Code 95401-9042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.129727**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5235.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 414 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. SHIRLEY M. PALMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57564 REDDING RD  
 City HEPPNER State OR Zip Code 97836-6227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1820.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128605**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. SHIRLEY M. PALMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57564 REDDING RD  
 City HEPPNER State OR Zip Code 97836-6227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1820.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132607**  
 Amount of Each Receipt this Period  
 320.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. SHIRLEY M. PALMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57564 REDDING RD  
 City HEPPNER State OR Zip Code 97836-6227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1820.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134491**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 920.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 415 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MR. EDWARD L. PANCOST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5511 PIONEER RD  
 City BOULDER State CO Zip Code 80301-3048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation DRYWALLCONTRACT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135775**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. EDWARD L. PANCOST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5511 PIONEER RD  
 City BOULDER State CO Zip Code 80301-3048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation DRYWALLCONTRACT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136363**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES H. PANKONIEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2313 GOLD DR.  
 City FITCHBURG State WI Zip Code 53711-5668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133497**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 416 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARY T. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 RIDGE PL  
 City LATHAM State NY Zip Code 12110-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 762.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136158**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARY T. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 RIDGE PL  
 City LATHAM State NY Zip Code 12110-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 762.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136464**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARY T. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 RIDGE PL  
 City LATHAM State NY Zip Code 12110-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 762.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139943**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 312.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 417 OF 1531
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. ALBERTINA M. PARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22424 N BIRCHWOOD LOOP  
 APT 205  
 City CHUGIAK State AK Zip Code 99567-6481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.127927**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**B. ALBERTINA M. PARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22424 N BIRCHWOOD LOOP  
 APT 205  
 City CHUGIAK State AK Zip Code 99567-6481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131210**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**C. ALBERTINA M. PARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22424 N BIRCHWOOD LOOP  
 APT 205  
 City CHUGIAK State AK Zip Code 99567-6481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135254**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	292.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 418 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JEFFERY PARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4671 COLLINS AVE  
 City ACWORTH State GA Zip Code 30101-5221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCKESSON Occupation PROGRAMMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133466**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JEFFERY PARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4671 COLLINS AVE  
 City ACWORTH State GA Zip Code 30101-5221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCKESSON Occupation PROGRAMMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136156**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. THOMAS PASMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2888 HIDDEN VIEW DR. SE  
 City CALEDONIA State MI Zip Code 49316-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134488**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 610.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 419 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SHIRLEY PATTERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9531 MOUNTAIN LAKE DR.  
 City OOLTEWAH State TN Zip Code 37363-6210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137786**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. MS. SHIRLEY PATTERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9531 MOUNTAIN LAKE DR.  
 City OOLTEWAH State TN Zip Code 37363-6210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138487**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**C. E S. PATTIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2404 RAYMOND PL  
 City HAYMARKET State VA Zip Code 20169-1541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128752**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 420 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. AUSTIN PATTY**

Mailing Address P.O. BOX 1923

City State Zip Code  
CAVE JUNCTION OR 97523-1923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131138**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JANICE PAULL**

Mailing Address 919 WILLOW GLEN WAY

City State Zip Code  
SAN JOSE CA 95125-3344

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131415**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JANICE PAULL**

Mailing Address 919 WILLOW GLEN WAY

City State Zip Code  
SAN JOSE CA 95125-3344

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133952**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 421 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN W. PEARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 CRESTWAY LN  
 City SAINT PAUL State MN Zip Code 55118-4423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132095**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN W. PEARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 CRESTWAY LN  
 City SAINT PAUL State MN Zip Code 55118-4423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134705**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. REV RAYMOND J. PEDRETTI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W7796 COUNTY ROAD ZN  
 City ONALASKA State WI Zip Code 54650-9745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED PRIEST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133614**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 422 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. GLORIA J. PELLOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11588 VIA RANCHO SAN DIEGO  
 APT C-2034  
 City EL CAJON State CA Zip Code 92019-5277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131075**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. DORIS I. PELZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 GOLF WAY  
 City METAMORA State IL Zip Code 61548-8374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129658**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RAMON PEREZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 SE 6TH AVE  
 City DELRAY BEACH State FL Zip Code 33483-5263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137009**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 423 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. BRADLEY E. PERSONIUS M.D.**

Full Name (Last, First, Middle Initial)  
Mailing Address 195 SERENITY LN

City GRANTS PASS State OR Zip Code 97526-9756

FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTHERN OREGON CARDIOLOG Occupation CARDIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136966**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**B. MS. AGNES PESTI-CRUSOE**

Full Name (Last, First, Middle Initial)  
Mailing Address 41150 FOX RUN APT WB406

City NOVI State MI Zip Code 48377-4862

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133706**

Amount of Each Receipt this Period  
 2400.00

Memo Item  
CONTRIBUTION

**C. MRS. BETTY PETERSON**

Full Name (Last, First, Middle Initial)  
Mailing Address 21798 160TH AVE

City BIG RAPIDS State MI Zip Code 49307-9319

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. DAIRY FARME

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130576**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 424 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. DONALD K. PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4020 CHARLESTON AVE  
 City HUTCHINSON State KS Zip Code 67502-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136337**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. DONALD K. PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4020 CHARLESTON AVE  
 City HUTCHINSON State KS Zip Code 67502-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136560**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. KAREN PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3015 E DICKENS PL  
 City SALT LAKE CITY State UT Zip Code 84108-2505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135200**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 425 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. KAREN J. PETERSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 BEL AIR ST  
 City KEOKUK State IA Zip Code 52632-2926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135945**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MS. TERRI PETERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E 62ND ST  
 City TACOMA State WA Zip Code 98404-1201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GOLDEN RULE ADULT FAM HOM Occupation CAREGIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136773**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WARREN W. PFLANTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1222 TELEGRAPH RD  
 City ARNOLD State MO Zip Code 63010-4048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DES PEYES HOSPITAL Occupation GROUNDKEEPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134614**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	590.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 426 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM E. PICKENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 102  
 City State Zip Code  
 WARE NECK VA 23178-0102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF ARCHITECT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128892**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**B. MR. WILLIAM E. PICKENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 102  
 City State Zip Code  
 WARE NECK VA 23178-0102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF ARCHITECT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132493**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**C. MR. GARY J. PIERINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 STRAUSS DR.  
 City State Zip Code  
 SHREWSBURY NJ 07702-4539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VISCOT MEDICAL LLC CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135402**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 427 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RONALD G. PLANTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 LARCH AVE  
 City SALEM State MA Zip Code 01970-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BOSTON CHIMNEY & TOWERLLC Occupation MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136781**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RONALD G. PLANTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 LARCH AVE  
 City SALEM State MA Zip Code 01970-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BOSTON CHIMNEY & TOWERLLC Occupation MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138809**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**C. MR. LARRY PLATT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 STONE MARKET CT  
 City COLUMBIA State SC Zip Code 29212-0916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DIVERSIFIED OPHTHALMICS I Occupation OPTICIAN, GP CO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.17

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140017**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.32  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 428 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LARRY PLATT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 STONE MARKET CT

City COLUMBIA State SC Zip Code 29212-0916

FEC ID number of contributing federal political committee. **C**

Name of Employer: DIVERSIFIED OPHTHALMICS I Occupation: OPTICIAN, GP CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **370.17**

Date of Receipt: 01 / 01 / 2016  
**Transaction ID : SA11.140596**

Amount of Each Receipt this Period: **329.85**

Memo Item CONTRIBUTION

**B. MS. BARBARA ROGERS PLOTNICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 DEER FIELD ROAD

City MENDHAM State NJ Zip Code 07945-1112

FEC ID number of contributing federal political committee. **C**

Name of Employer: RETIRED Occupation: RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: 01 / 01 / 2016  
**Transaction ID : SA11.136323**

Amount of Each Receipt this Period: **150.00**

Memo Item CONTRIBUTION

**C. MS. BARBARA ROGERS PLOTNICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 DEER FIELD ROAD

City MENDHAM State NJ Zip Code 07945-1112

FEC ID number of contributing federal political committee. **C**

Name of Employer: RETIRED Occupation: RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: 01 / 01 / 2016  
**Transaction ID : SA11.136552**

Amount of Each Receipt this Period: **250.00**

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **729.85**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 429 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RUSSELL POFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3802 HAYES ST  
 UNIT 240  
 City NEWBERG State OR Zip Code 97132-7513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136811**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. HELEN F. POGUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 356 S GOLDEN EAGLE LN  
 City EAGLE State ID Zip Code 83616-6077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130740**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. HELEN F. POGUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 356 S GOLDEN EAGLE LN  
 City EAGLE State ID Zip Code 83616-6077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134289**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 430 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. AMY POINTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 CHULA VISTA AVE  
 City THE VILLAGES State FL Zip Code 32159-5654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128482**  
 Amount of Each Receipt this Period  
 220.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. BARBARA B. POLLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15177 S MARKLEY RD  
 City DANVILLE State IL Zip Code 61834-8095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133582**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARION F. POLMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 MAIN ST  
 City GARLAND State TX Zip Code 75040-6323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 R DELTA ENGINEERS INC ADMIN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133958**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	820.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 431 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. RAY POOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 MAINBERRY DR.  
 City MADERA State CA Zip Code 93637-5021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130551**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DAVID POPP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 SHERIDAN AVE  
 APT 16  
 City HOXIE State KS Zip Code 67740-9627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129514**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DAVID POPP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 SHERIDAN AVE  
 APT 16  
 City HOXIE State KS Zip Code 67740-9627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135247**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 432 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. JACQUELINE PORTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 W WILSON BLVD  
 City HAGERSTOWN State MD Zip Code 21740-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130124**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JACQUELINE PORTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 W WILSON BLVD  
 City HAGERSTOWN State MD Zip Code 21740-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134615**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MARC S. POSSIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6093 N 2200TH AVE  
 City GENESEO State IL Zip Code 61254-8834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130903**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	385.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 433 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. RICHARD J. POTUZAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 W NICKLAUS AVE  
 THE POTUZAK FAMILY TRUST  
 City KALISPELL State MT Zip Code 59901-2779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133367**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ARNOLD C. POUTALA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12353 SE LUSTED RD  
 City SANDY State OR Zip Code 97055-7557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation MEDICARE SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137497**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ARNOLD C. POUTALA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12353 SE LUSTED RD  
 City SANDY State OR Zip Code 97055-7557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation MEDICARE SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138737**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 434 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. HAROLD PREECE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 ALEXANDER LOOP  
 APT 227  
 City EUGENE State OR Zip Code 97401-6584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. IBM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128277**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. HAROLD PREECE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 ALEXANDER LOOP  
 APT 227  
 City EUGENE State OR Zip Code 97401-6584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. IBM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136494**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MS. AILENE PRESTAGE POA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 TAFT BLVD 145  
 City WICHITA FALLS State TX Zip Code 76308-4935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128088**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 435 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MS. AILENE PRESTAGE POA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 TAFT BLVD 145  
 City WICHITA FALLS State TX Zip Code 76308-4935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133959**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JEANIE S. PRETZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N COLLEGE ROW APT 140  
 City BREVARD State NC Zip Code 28712-4875  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136611**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. M SOLFRID PRICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2110 ALDERCREST ST  
 City SEASIDE State OR Zip Code 97138-7742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131392**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 436 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. M SOLFRID PRICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2110 ALDERCREST ST  
 City SEASIDE State OR Zip Code 97138-7742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134341**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. CAROL L. PRICHARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 W LAKESHORE DR.  
 City STORM LAKE State IA Zip Code 50588-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132933**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. NORDY PRIERES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 632 SW 13TH AVE  
 City MIAMI State FL Zip Code 33135-3914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136636**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 437 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)  
**The 2016 Committee**

**A. MRS. JANE E. PROVINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 N MASON RD  
 City BROOKLINE State NH Zip Code 03033-2471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131886**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JANE E. PROVINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 N MASON RD  
 City BROOKLINE State NH Zip Code 03033-2471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134468**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. BOB PRUESSNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 MCDERMOTT ST  
 APT 108  
 City DEER PARK State TX Zip Code 77536-6091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130471**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 438 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MR. BOB PRUESSNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 MCDERMOTT ST  
 APT 108  
 City DEER PARK State TX Zip Code 77536-6091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134673**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT H. PUGMIRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19251 ASHWORTH AVE N  
 City SHORELINE State WA Zip Code 98133-3618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VOYA Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133708**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. SUSAN C. PUHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 HIGHVIEW KNL NE  
 City IOWA CITY State IA Zip Code 52240-9149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133499**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 439 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. DONALD L. PURBAUGH SR.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1720 COUNTY ST

City ELIZABETH CITY	State NC	Zip Code 27909-3108
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation US NAVY RET.
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.130572**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MR. DONALD L. PURBAUGH SR.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1720 COUNTY ST

City ELIZABETH CITY	State NC	Zip Code 27909-3108
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation US NAVY RET.
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134424**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C. MRS. SHIRLEY M. PURSLEY**

Full Name (Last, First, Middle Initial)  
Mailing Address 2638 CANYON SOUTH DR.

City PALM SPRINGS	State CA	Zip Code 92264-9422
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.128280**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 440 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. SHIRLEY M. PURSLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2638 CANYON SOUTH DR.  
 City PALM SPRINGS State CA Zip Code 92264-9422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135441**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. LENORA H. PUSTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 138 W SUNFLOWER DR.  
 City PAYSON State AZ Zip Code 85541-6152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135327**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LENORA H. PUSTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 138 W SUNFLOWER DR.  
 City PAYSON State AZ Zip Code 85541-6152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136469**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 441 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. GREGORY PYATIGORSKY**

Mailing Address 1800 N COLE RD  
APT K206

City BOISE State ID Zip Code 83704-7388

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.129650**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GREGORY PYATIGORSKY**

Mailing Address 1800 N COLE RD  
APT K206

City BOISE State ID Zip Code 83704-7388

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.132632**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. KATHRYN LOUISE QUACKENBUSH**

Mailing Address 7550 N 16TH ST  
APT 6132

City PHOENIX State AZ Zip Code 85020-7640

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.136617**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 442 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN QUALY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 BRENTMOOR PARK  
 City CLAYTON State MO Zip Code 63105-3067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHWESTERN MUTUAL Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1600.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.139126**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
**CONTRIBUTION**

**B. MS. JEANETTE S. QUILHOT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9464 S 700 EAST 92 # 92  
 City ROANOKE State IN Zip Code 46783-9245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133118**  
 Amount of Each Receipt this Period **1500.00**  
 Memo Item  
**CONTRIBUTION**

**C. MS. MARLENE RAACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 161 RHETT DR.  
 City MC CORMICK State SC Zip Code 29835-2947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.128629**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 443 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARLENE RAACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 161 RHETT DR.  
 City MC CORMICK State SC Zip Code 29835-2947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135814**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DONALD J. RADOMSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4707 SOULE PL  
 City GULF BREEZE State FL Zip Code 32563-9271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136402**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DONALD P. RAFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 603 N SHAMROCK RD  
 City BEL AIR State MD Zip Code 21014-3351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134347**  
 Amount of Each Receipt this Period  
 280.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	980.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 444 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. LAWRENCE F. RAKUNAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 WILLOWGATE LN  
 City SAINT CHARLES State IL Zip Code 60174-4143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132581**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. RACHEL M. RAMOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 N GARDEN RIDGE BLVD APT 1206  
 City LEWISVILLE State TX Zip Code 75077-2969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.32

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135744**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. RACHEL M. RAMOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 N GARDEN RIDGE BLVD APT 1206  
 City LEWISVILLE State TX Zip Code 75077-2969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.32

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136159**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 445 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. RACHEL M. RAMOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 N GARDEN RIDGE BLVD  
APT 1206

City LEWISVILLE State TX Zip Code 75077-2969

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.32

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.138018**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

**B. MRS. RACHEL M. RAMOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 N GARDEN RIDGE BLVD  
APT 1206

City LEWISVILLE State TX Zip Code 75077-2969

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.32

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.139902**

Amount of Each Receipt this Period  
20.16

Memo Item  
CONTRIBUTION

**C. MS. PAMELA RAMSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1934 W DES MOINES CIR

City MESA State AZ Zip Code 85201-4532

FEC ID number of contributing federal political committee. **C**

Name of Employer LEWIS ROCA ROTHGERBER Occupation PARALEGAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.134205**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 446 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. ARTHUR R. RANEY JR.**

Mailing Address 1020 WESTBROOK DR.

City State Zip Code  
MOORESVILLE IN 46158-1033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135893**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ARTHUR R. RANEY JR.**

Mailing Address 1020 WESTBROOK DR.

City State Zip Code  
MOORESVILLE IN 46158-1033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136150**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ROSE RANGEL**

Mailing Address 15226 9TH AVE SW

City State Zip Code  
BURIEN WA 98166-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137301**

Amount of Each Receipt this Period  
20.16

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 80.16

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 447 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. ADAM RAPACH**

Mailing Address 5821 PEBBLE RIDGE DR.

City Milton State FL Zip Code 32583-2309

FEC ID number of contributing federal political committee. **C**

Name of Employer DEPT. OF THE NAVY Occupation INSTRUCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.48

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138262**

Amount of Each Receipt this Period 20.16

Memo Item CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ADAM RAPACH**

Mailing Address 5821 PEBBLE RIDGE DR.

City Milton State FL Zip Code 32583-2309

FEC ID number of contributing federal political committee. **C**

Name of Employer DEPT. OF THE NAVY Occupation INSTRUCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.48

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139187**

Amount of Each Receipt this Period 35.00

Memo Item CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ADAM RAPACH**

Mailing Address 5821 PEBBLE RIDGE DR.

City Milton State FL Zip Code 32583-2309

FEC ID number of contributing federal political committee. **C**

Name of Employer DEPT. OF THE NAVY Occupation INSTRUCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.48

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140349**

Amount of Each Receipt this Period 20.16

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.32

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 448 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CARROLL J. RAUERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4482 SKY PARK RD  
 City GRAND ISLAND State NE Zip Code 68801-9104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.127914**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES E. RAYNESFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4419 CANEHILL AVE  
 City LAKEWOOD State CA Zip Code 90713-2923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133755**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BOBBIE RECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2229 N 1950 ST  
 City SAINT ELMO State IL Zip Code 62458-4137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPS Occupation FIELD REP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128029**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 449 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MRS. BOBBIE RECK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2229 N 1950 ST

City SAINT ELMO State IL Zip Code 62458-4137

FEC ID number of contributing federal political committee. **C**

Name of Employer UPS Occupation FIELD REP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140197**

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

**B. MR. THOMAS S. REDFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 14813 LAGUNA DR. 201 # 201

City FORT MYERS State FL Zip Code 33908-8120

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.136572**

Amount of Each Receipt this Period  
 300.00

Memo Item  
CONTRIBUTION

**C. MR. LARRY J. REICHERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 341 210TH AVE

City HAYS State KS Zip Code 67601-9600

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.135899**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 450 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LARRY J. REICHERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 341 210TH AVE  
 City HAYS State KS Zip Code 67601-9600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136405**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARILYN J. REID**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2244 HANOVER DR.  
 City INDIANAPOLIS State IN Zip Code 46227-4304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133953**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. PHILLIP J. REIGENBORN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1957 WAYCROSS AVE  
 City AKRON State OH Zip Code 44320-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132437**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 451 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. PHILLIP J. REIGENBORN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1957 WAYCROSS AVE  
 City AKRON State OH Zip Code 44320-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135492**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GLENN REINDERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3479 SHERMAN RD  
 City JACKSON State WI Zip Code 53037-9778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. TEST ENG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134349**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM H. REINHARDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 445 HOLLY LN N  
 City OAKDALE State MN Zip Code 55128-7034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130186**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 452 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN W. REISHUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5161 E 50 N

City KOKOMO State IN Zip Code 46901-8888

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.131514**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**B. MR. JAMES REMILLARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9650 S OCEAN DR.  
APT 1406

City JENSEN BEACH State FL Zip Code 34957-2324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.131975**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. MR. LEON RENEAU**  
Full Name (Last, First, Middle Initial)

Mailing Address 5438 FELTER RD

City SAN JOSE State CA Zip Code 95132-3405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.131357**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 453 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. GLENN G. REX**

Mailing Address 12200 SPERRY RD

City CHESTERLAND	State OH	Zip Code 44026-2233
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133695**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ROMANA REYES**

Mailing Address 35 FERNDAL LN

City LINCOLN PARK	State NJ	Zip Code 07035-2106
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer JERSEY CITY MEDICAL CENTE	Occupation R.N.
---	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136953**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. F HALL REYNOLDS II**

Mailing Address 4332 LAKESHORE LN  
UNIT 302

City CHATTANOOGA	State TN	Zip Code 37415-7160
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132380**

Amount of Each Receipt this Period  
800.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 454 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. JEAN L. REYNOLDS**

Mailing Address **9 PRATT ST**

City **FREEPORT**      State **ME**      Zip Code **04032-6729**

FEC ID number of contributing federal political committee.      **C**

Name of Employer      Occupation  
**RETIRED**      **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**01 / 01 / 2016**

**Transaction ID : SA11.136622**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MS. STACY REYNOLDS**

Mailing Address **3 WINDWARD RD**

City **FORT WORTH**      State **TX**      Zip Code **76132-1020**

FEC ID number of contributing federal political committee.      **C**

Name of Employer      Occupation  
**RETIRED**      **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
**01 / 01 / 2016**

**Transaction ID : SA11.131409**

Amount of Each Receipt this Period  
**150.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MS. STACY REYNOLDS**

Mailing Address **3 WINDWARD RD**

City **FORT WORTH**      State **TX**      Zip Code **76132-1020**

FEC ID number of contributing federal political committee.      **C**

Name of Employer      Occupation  
**RETIRED**      **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
**01 / 01 / 2016**

**Transaction ID : SA11.134866**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **750.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 455 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JANET RHOTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 12312 BRECKENRIDGE DR.

City EAGLE RIVER	State AK	Zip Code 99577-7657
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.138475**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MS. CAROLYN RICHBOURG**  
Full Name (Last, First, Middle Initial)

Mailing Address 10700 COUNTY ROUD 917

City CRESSON	State TX	Zip Code 76035
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation RET/FARMER
-----------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.133222**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. MS. SHIRLEY E. RISK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1902 RIVERVUE

City DRUMORE	State PA	Zip Code 17518-9734
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.135592**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 456 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LEE C. RITTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 183 3RD AVE  
 APT 624  
 City CHULA VISTA State CA Zip Code 91910-1822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. MARINE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133707**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RONALD A. RITTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2037 E MISSION RD  
 City FALLBROOK State CA Zip Code 92028-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CLERGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 645.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137018**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RONALD A. RITTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2037 E MISSION RD  
 City FALLBROOK State CA Zip Code 92028-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CLERGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 645.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138859**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 457 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RONALD A. RITTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2037 E MISSION RD  
 City FALLBROOK State CA Zip Code 92028-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CLERGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 645.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138860**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BETTY LOU ROACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4710 BETHLEHEM RD  
 City PLANT CITY State FL Zip Code 33566-8225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETUSPOSTALSERV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129937**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BETTY LOU ROACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4710 BETHLEHEM RD  
 City PLANT CITY State FL Zip Code 33566-8225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETUSPOSTALSERV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134904**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 458 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. DOROTHY E. ROBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 392  
 City SHASTA State CA Zip Code 96087-0392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation TEACHER, WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129409**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. DOROTHY E. ROBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 392  
 City SHASTA State CA Zip Code 96087-0392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation TEACHER, WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129410**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. DOROTHY E. ROBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 392  
 City SHASTA State CA Zip Code 96087-0392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation TEACHER, WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133273**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 459 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CARLA ROBERTSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 301 CRESTWOOD DR.  
City HEWITT State TX Zip Code 76643-3830  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RET. TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139375**  
Amount of Each Receipt this Period 50.00  
 Memo Item  
CONTRIBUTION

**B. MS. CARLA ROBERTSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 301 CRESTWOOD DR.  
City HEWITT State TX Zip Code 76643-3830  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RET. TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139929**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
CONTRIBUTION

**C. MR. CLIVE E. ROBERSON M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 135 EL MIRASOL  
City PALM BEACH State FL Zip Code 33480-3611  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135856**  
Amount of Each Receipt this Period 500.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 460 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MR. HALL M. ROBERTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 W POST ST  
 City POSTVILLE State IA Zip Code 52162-7722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134203**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. RITA E. ROBERTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 948 RIO DELL AVE  
 City RIO DELL State CA Zip Code 95562-1227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF DENTIST  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133212**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT LEE ROBERTSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14462 CHANDLERVILLE RD  
 City BEARDSTOWN State IL Zip Code 62618-7701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128246**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 461 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT LEE ROBERTSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14462 CHANDLERVILLE RD  
 City BEARDSTOWN State IL Zip Code 62618-7701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128248**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT LEE ROBERTSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14462 CHANDLERVILLE RD  
 City BEARDSTOWN State IL Zip Code 62618-7701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129975**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT LEE ROBERTSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14462 CHANDLERVILLE RD  
 City BEARDSTOWN State IL Zip Code 62618-7701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133069**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 462 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MR. CLIFF ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 N 350 E  
 City RUPERT State ID Zip Code 83350-9493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.134426**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item  
 CONTRIBUTION

**B. L AFTON ROCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 N ROBINWOOD DR.  
 City MUNCIE State IN Zip Code 47304-2857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.128092**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
 CONTRIBUTION

**C. L AFTON ROCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 N ROBINWOOD DR.  
 City MUNCIE State IN Zip Code 47304-2857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133609**  
 Amount of Each Receipt this Period **2000.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 463 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES W. RODGERS WWII VET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6600 CHERRY HILL RD  
 City BALDWIN State MD Zip Code 21013-9347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 648.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134815**  
 Amount of Each Receipt this Period  
 216.00  
 Memo Item  
 CONTRIBUTION

**B. MR. NORMAN RODRIGUEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 698 EATON ST  
 City MEMPHIS State TN Zip Code 38120-2803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4025.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133806**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. REUBEN R. ROEHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7900 HOPE LN  
 City YAKIMA State WA Zip Code 98903-9629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133512**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2716.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 464 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. KENNETH L. ROLFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 SE FOUNDATION DR.  
 City DALLAS State OR Zip Code 97338-9755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. APPRAISER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131833**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MS. NANCY ROLFS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4201 LAKESIDE AVE N APT 202  
 City BROOKLYN CENTER State MN Zip Code 55429-3822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131005**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. MR. LESTER M. ROMINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9110 BELVOIR WOODS PKWY APT 217  
 City FORT BELVOIR State VA Zip Code 22060-2718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation USAF COLONEL RT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134494**  
 Amount of Each Receipt this Period 225.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 465 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ELNA M. ROOP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5703 LAKEMERE DR.  
 City NORTH CHESTERFIELD State VA Zip Code 23234-4786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135489**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. STEVE RORICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12231 E 185TH ST  
 City ARTESIA State CA Zip Code 90701-5908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137019**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BETTY G. ROSE-ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address HC 71 BOX 4105  
 City AVA State MO Zip Code 65608-8932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131574**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 466 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BETTY G. ROSE-ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address HC 71 BOX 4105  
 City AVA State MO Zip Code 65608-8932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134496**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CARL E. ROSEMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10934 PORTAGE RD  
 City PORTAGE State MI Zip Code 49002-7309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136112**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. GARY L. ROSENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 S PLATTE RIVER DR.  
 City DENVER State CO Zip Code 80223-3852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PUBLICATION PRINTERS Occupation PRINTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132439**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 467 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES S. ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7381 SE 172ND LEGACY LN  
 City THE VILLAGES State FL Zip Code 32162-5346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134531**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**B. MRS. DIANE ROTERING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7690 GROOMS RD  
 City MISSOULA State MT Zip Code 59808-8581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135249**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. MR. JAMES ROY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36550 GRANDRIVER AVE  
 City FARMINGTON HILLS State MI Zip Code 48335-3064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation EDUCATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139534**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 468 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES ROY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36550 GRANDRIVER AVE  
 City FARMINGTON HILLS State MI Zip Code 48335-3064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation EDUCATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139807**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 CONTRIBUTION

**B. MS. EVELYN L. ROYAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3144 GRACEFIELD RD APT 128  
 City SILVER SPRING State MD Zip Code 20904-5879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135301**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ELIZABETH RUBOTTOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 DUVALI DR.  
 City VENTURA State CA Zip Code 93003-2151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WH RUBOTTOM CO Occupation RET. OF MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129026**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 187.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 469 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. DIANA P. RUKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 11740 BALDWIN RD

City BRIDGMAN State MI Zip Code 49106-9729

FEC ID number of contributing federal political committee. **C**

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: **01 / 01 / 2016**

**Transaction ID : SA11.132888**

Amount of Each Receipt this Period: **200.00**

Memo Item  
**CONTRIBUTION**

**B. MRS. DIANA P. RUKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 11740 BALDWIN RD

City BRIDGMAN State MI Zip Code 49106-9729

FEC ID number of contributing federal political committee. **C**

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: **01 / 01 / 2016**

**Transaction ID : SA11.134660**

Amount of Each Receipt this Period: **250.00**

Memo Item  
**CONTRIBUTION**

**C. MR. MAX RICHARD RUMELHART**  
Full Name (Last, First, Middle Initial)

Mailing Address 39 MISSION DR.

City NEW BRAUNFELS State TX Zip Code 78130-6662

FEC ID number of contributing federal political committee. **C**

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **01 / 01 / 2016**

**Transaction ID : SA11.130262**

Amount of Each Receipt this Period: **300.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 470 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DORIS M. RUNACRES**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 TIMBER RIDGE WAY NW  
UNIT 7216

City ISSAQUAH State WA Zip Code 98027-2950

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.134504**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. COL CHARLES RUSHFORTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 44-457 KANEOHE BAY DR.

City KANEOHE State HI Zip Code 96744-2611

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.133355**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. MRS. EMMA LOU RUSK**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 CARTER PL

City WINCHESTER State VA Zip Code 22602-6428

FEC ID number of contributing federal political committee. **C**

Name of Employer KOHL'S Occupation TRUCK UNLOADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SA11.136774**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 471 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. EMMA LOU RUSK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 CARTER PL  
 City WINCHESTER State VA Zip Code 22602-6428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KOHL'S Occupation TRUCK UNLOADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136775**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LARRY RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 CINDER CT  
 City SACRAMENTO State CA Zip Code 95831-2738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation DATABASE DESIGN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139577**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LARRY RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 CINDER CT  
 City SACRAMENTO State CA Zip Code 95831-2738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation DATABASE DESIGN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140221**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 472 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MS. ESTHER SAFRANSKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 E 2ND ST  
 City OGLESBY State IL Zip Code 61348-1516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134346**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**B. VADM JAMES A. SAGERHOLM USN RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 SAINT ANDREWS RD  
 City SEVERNA PARK State MD Zip Code 21146-1519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED USN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136559**  
 Amount of Each Receipt this Period  
 575.00  
 Memo Item  
 CONTRIBUTION

**C. VADM JAMES A. SAGERHOLM USN RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 SAINT ANDREWS RD  
 City SEVERNA PARK State MD Zip Code 21146-1519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED USN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139535**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 473 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN P. SALEM JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 518 HWY 281

City MARBLE FALLS State TX Zip Code 78654-5709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.133874**

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

**B. MR. WILLIAM D. SAPP**  
Full Name (Last, First, Middle Initial)

Mailing Address 9915 S 148TH ST

City OMAHA State NE Zip Code 68138-3876

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.128245**

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**C. MR. HERMAN SARDJONO M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1407 VANDYKE RD

City SAN MARINO State CA Zip Code 91108-2748

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
01 / 01 / 2016  
**Transaction ID : SA11.128452**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 474 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. HERMAN SARDJONO M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1407 VANDYKE RD  
 City SAN MARINO State CA Zip Code 91108-2748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132890**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RICHARD SAVAGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6100 W 183RD ST  
 City STILWELL State KS Zip Code 66085-8749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128099**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JANIS K. SAWYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4272 JEFFERSON RIVER RD  
 City JEFFERSON State GA Zip Code 30549-4300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134042**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 475 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RALPH SCHABER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4845 CRESTHAVEN DR.  
 City State Zip Code  
 LINCOLN NE 68516-1236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC RET. RADIOL TECH  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132049**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROGER L. SCHALLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8210 LAKESHORE RD  
 City State Zip Code  
 LAKEPORT MI 48059-1324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SCHALLER CORP MGT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131143**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARGARET A. SCHANTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4627 STONE ST  
 City State Zip Code  
 BILLINGS MT 59101-4832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133219**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1180.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 476 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARGARET A. SCHANTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4627 STONE ST  
 City BILLINGS State MT Zip Code 59101-4832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140008**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**B. MR. PAUL G. SCHEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 431 PRAIRIE CENTER DR. APT 301  
 City EDEN PRAIRIE State MN Zip Code 55344-7980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133950**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. VIRGINIA W. SCHELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81 IDENT RD  
 City SOUTH WINDSOR State CT Zip Code 06074-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136593**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	810.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 477 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ELEANOR J. SCHIEFFELIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 39  
 City EMIGRANT State MT Zip Code 59027-0039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128430**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. DOROTHY M. SCHLEICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 E WALNUT ST APT 121  
 City CANTON State IL Zip Code 61520-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128093**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. DOROTHY M. SCHLEICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 E WALNUT ST APT 121  
 City CANTON State IL Zip Code 61520-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128693**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	405.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 478 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. DOROTHY M. SCHLEICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 E WALNUT ST  
 APT 121  
 City CANTON State IL Zip Code 61520-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129265**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. CHERYL A. SCHMITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 RHONDA AVE  
 City AMARILLO State TX Zip Code 79118-5744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132637**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOHN H. SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20513 NW 13TH ST  
 City DUNNELLON State FL Zip Code 34431-1517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139806**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 479 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CHERI S. SCHNEIDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2325 CHANTILLY DR.  
 City KNOXVILLE State TN Zip Code 37917-3512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128208**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. CHERI S. SCHNEIDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2325 CHANTILLY DR.  
 City KNOXVILLE State TN Zip Code 37917-3512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134477**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ANDREAS SCHOLZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7174 TOPVIEW RD  
 City EDEN PRAIRIE State MN Zip Code 55346-3154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation DECORATIVE FINI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139192**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 480 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MRS. IRIS E. SCHOOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3055 BITTERSWEET LN  
 City ODESSA State MO Zip Code 64076-6274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **310.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.133390**  
 Amount of Each Receipt this Period: **250.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. R E. SCHROEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 831 W ARDUSSI ST  
 City FRANKENMUTH State MI Zip Code 48734-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5912.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.130906**  
 Amount of Each Receipt this Period: **616.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. R E. SCHROEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 831 W ARDUSSI ST  
 City FRANKENMUTH State MI Zip Code 48734-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5912.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.133612**  
 Amount of Each Receipt this Period: **1100.00**  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... **1966.00**  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 481 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MS. HELEN L. SCHULTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4620 BUTLER HILL RD  
 City SAINT LOUIS State MO Zip Code 63128-3538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130691**  
 Amount of Each Receipt this Period  
 113.00  
 Memo Item  
 CONTRIBUTION

**B. MS. HELEN L. SCHULTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4620 BUTLER HILL RD  
 City SAINT LOUIS State MO Zip Code 63128-3538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134506**  
 Amount of Each Receipt this Period  
 113.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES S. SCHUMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2315 PHILLIPS CIR APT B  
 City MONTROSE State CO Zip Code 81401-5755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130558**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	326.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 482 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. JAMES S. SCHUMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2315 PHILLIPS CIR  
 APT B  
 City MONTROSE State CO Zip Code 81401-5755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132330**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES S. SCHUMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2315 PHILLIPS CIR  
 APT B  
 City MONTROSE State CO Zip Code 81401-5755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134441**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD D. SCHWARTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 SE WILSON AVE  
 RM 332  
 City BEND State OR Zip Code 97702-1794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC EVANGELISM  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134503**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 483 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)  
**The 2016 Committee**

**A. MR. STEVEN C. SCHWACOFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 836 ARENA CT  
 City HEMET State CA Zip Code 92545-1570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CIVIL ENG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134101**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LARRY SCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4174 N VILLAGE ST  
 City BUCKEYE State AZ Zip Code 85396-3559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 911 ETC INC Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137417**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LINDA K. SCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6227 LAKE APOPKA PL  
 City SAN DIEGO State CA Zip Code 92119-3520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130415**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 484 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. IRMA SCURA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11040 STAFFORD RD  
 City State Zip Code  
 GOWANDA NY 14070-9609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129670**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. IRMA SCURA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11040 STAFFORD RD  
 City State Zip Code  
 GOWANDA NY 14070-9609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134279**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. J W. SEARLES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2191 WOODLYNN AVE  
 City State Zip Code  
 SAINT PAUL MN 55109-1456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128601**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 485 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. J W. SEARLES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2191 WOODLYNN AVE  
 City SAINT PAUL State MN Zip Code 55109-1456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133873**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**B. MRS. MARJORIE A. SEASLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 371 MARYLHURST DR.  
 City DAYTON State OH Zip Code 45459-2855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130923**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. MRS. MARJORIE A. SEASLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 371 MARYLHURST DR.  
 City DAYTON State OH Zip Code 45459-2855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136631**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 486 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. VERDA SEEKLANDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 226

City HAZELTON	State ND	Zip Code 58544-0226
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016  
**Transaction ID : SA11.128103**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MS. VERDA SEEKLANDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 226

City HAZELTON	State ND	Zip Code 58544-0226
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016  
**Transaction ID : SA11.129771**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MR. EUGENE H. SELLERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4991 ROSE VALLEY RD

City TROUT RUN	State PA	Zip Code 17771-8719
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RET. FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2016  
**Transaction ID : SA11.127994**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 487 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EUGENE H. SELLERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4991 ROSE VALLEY RD  
 City TROUT RUN State PA Zip Code 17771-8719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.129603**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
 CONTRIBUTION

**B. MR. ELLIOTT M. SELLNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1809 PRAIRIE AVE SW  
 City FARIBAULT State MN Zip Code 55021-5514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.133230**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 CONTRIBUTION

**C. MR. WILBUR C. SENSING JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9135 OLD SMYRNA RD  
 City BRENTWOOD State TN Zip Code 37027-6103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.132281**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 488 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. R L. SEUS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 4088

City MEDFORD	State OR	Zip Code 97501-0149
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation INVESTOR
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.131134**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. MR. STANLEY G. SEWELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4865 S PITCH DR.

City RAPID CITY	State SD	Zip Code 57703-0179
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer THE LITTLE PRINT SHOP, IN	Occupation OFFICE MGR RET.
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.135244**

Amount of Each Receipt this Period  
113.00

Memo Item  
CONTRIBUTION

**C. MR. STEVE J. SEWELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2460

City SEGUIN	State TX	Zip Code 78156-2460
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.136429**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1213.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 489 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MELVINA K. SEXTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2125 SE KENTUCKY AVE  
 City TOPEKA State KS Zip Code 66605-1372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136757**  
 Amount of Each Receipt this Period  
 230.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RONALD J. SHANDOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25117 HICKORY RIDGE LN  
 City GAITHERSBURG State MD Zip Code 20882-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139548**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RONALD J. SHANDOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25117 HICKORY RIDGE LN  
 City GAITHERSBURG State MD Zip Code 20882-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139549**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 490 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. MARTIN SHARDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2563 SCARLET OAK DR. SE  
 City GRAND RAPIDS State MI Zip Code 49512-9137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133278**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MARTIN SHARDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2563 SCARLET OAK DR. SE  
 City GRAND RAPIDS State MI Zip Code 49512-9137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136137**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MARTIN SHARDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2563 SCARLET OAK DR. SE  
 City GRAND RAPIDS State MI Zip Code 49512-9137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136454**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 491 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN A. SHAW**

Mailing Address 142 W 720TH AVE

City State Zip Code  
FORT SCOTT KS 66701-8782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134949**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN A. SHAW**

Mailing Address 142 W 720TH AVE

City State Zip Code  
FORT SCOTT KS 66701-8782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135491**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. JEANNE A. SHEA**

Mailing Address 1691 GLEN ETHEL LN

City State Zip Code  
LONGWOOD FL 32779-2769

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129763**

Amount of Each Receipt this Period  
53.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 253.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 492 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. VERLEEN L. SHEAR**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 463

City JUD State ND Zip Code 58454-0463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.135149

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. VERLEEN L. SHEAR**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 463

City JUD State ND Zip Code 58454-0463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.135165

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. MR. W GARY SHELDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 818 5TH AVE N

City GREAT FALLS State MT Zip Code 59401-1532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.132814

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 493 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. W GARY SHELDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 818 5TH AVE N  
 City State Zip Code  
 GREAT FALLS MT 59401-1532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135487**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. THEORA SHELLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10624 E TERRA DR.  
 City State Zip Code  
 SCOTTSDALE AZ 85258-6118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130399**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. OUIDA A. SHELTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1906 FAIRWAY CIRCLE DRIVE  
 City State Zip Code  
 SAN MARCOS CA 92078-4802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135437**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 494 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. JOYCE P. SHIERLING**

Mailing Address 9740 WHITESVILLE RD

City State Zip Code  
FORTSON GA 31808-2604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMP RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
424.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136824**

Amount of Each Receipt this Period  
106.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. JANE H. SHIROMA**

Mailing Address 1475 ONIPAA ST

City State Zip Code  
HONOLULU HI 96819-1733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135661**

Amount of Each Receipt this Period  
80.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. DEBORAH SHLAGER**

Mailing Address 16255 SUMMER SAGE RD

City State Zip Code  
POWAY CA 92064-1437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF HOUSEWIFE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136974**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 236.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 495 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DEBORAH SHLAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16255 SUMMER SAGE RD  
 City POWAY State CA Zip Code 92064-1437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138840**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MS. SHIRLEY SHOEMAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 RIVER REACH DR.  
 City NAPLES State FL Zip Code 34104-6924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation MISSIONARY  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128598**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. MS. JO ANN SHRINER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2706 FERNLEAF RD  
 City CHARLOTTE SVLE State VA Zip Code 22911-8277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.127975**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 496 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JOANN SHRINER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2706 FERNLEAF RD

City CHARLOTTEVALE State VA Zip Code 22911-8277

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1130.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.128100**

Amount of Each Receipt this Period  
20.16

Memo Item  
CONTRIBUTION

**B. MRS. JANE E. SHU**  
Full Name (Last, First, Middle Initial)

Mailing Address 2406 ADAMS FARM PKWY UNIT C

City GREENSBORO State NC Zip Code 27407-5444

FEC ID number of contributing federal political committee. **C**

Name of Employer CTCC, GREENSBOR/JAMESTOWN Occupation R.N. EDUC INST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.132895**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. MRS. JANE E. SHU**  
Full Name (Last, First, Middle Initial)

Mailing Address 2406 ADAMS FARM PKWY UNIT C

City GREENSBORO State NC Zip Code 27407-5444

FEC ID number of contributing federal political committee. **C**

Name of Employer CTCC, GREENSBOR/JAMESTOWN Occupation R.N. EDUC INST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.136601**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 497 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GILBERT F. SHUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1366 E KITCHEN RD  
 City PINCONNING State MI Zip Code 48650-7484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135806**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GILBERT F. SHUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1366 E KITCHEN RD  
 City PINCONNING State MI Zip Code 48650-7484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136246**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. FRANCES M. SHULER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1031 WAGON WHEEL CT  
 City GARDNERVILLE State NV Zip Code 89460-8953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130553**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 498 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. LORETTA SHUTTLESWORTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2925 ENGLISH CREEK DR.  
 City AZLE State TX Zip Code 76020-5219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131326**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. LORETTA SHUTTLESWORTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2925 ENGLISH CREEK DR.  
 City AZLE State TX Zip Code 76020-5219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134333**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM K. SIMMONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 MELODY LN  
 City DUNCANVILLE State TX Zip Code 75116-4610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131347**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 499 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM K. SIMMONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 MELODY LN  
 City DUNCANVILLE State TX Zip Code 75116-4610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134283**  
 Amount of Each Receipt this Period 226.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM K. SIMMONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 MELODY LN  
 City DUNCANVILLE State TX Zip Code 75116-4610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137890**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM K. SIMMONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 MELODY LN  
 City DUNCANVILLE State TX Zip Code 75116-4610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138146**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	326.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 500 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. ALLEN SIMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1383 N CRISS ST  
 City CHANDLER State AZ Zip Code 85226-1307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137886**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ALLEN SIMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1383 N CRISS ST  
 City CHANDLER State AZ Zip Code 85226-1307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139494**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MICHAEL SIMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2960 BENT CYPRESS RD  
 City WELLINGTON State FL Zip Code 33414-7029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED EXEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133828**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 501 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. WYATT C. SIMPSON JR. M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1816 SKYPARK RD  
 City FLORENCE State AL Zip Code 35634-2418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ORTHOPEDIC SURG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.140532**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. RICHARD L. SINGLETARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1095  
 City THOMASVILLE State GA Zip Code 31799-1095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.131539**  
 Amount of Each Receipt this Period **2000.00**  
 Memo Item  
**CONTRIBUTION**

**C. MRS. PAMELA J. SKOVIRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 AMHERST RD  
 City MERRIMACK State NH Zip Code 03054-3801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.140282**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 502 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. PAMELA J. SKOVIRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 AMHERST RD  
 City MERRIMACK State NH Zip Code 03054-3801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140388**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. EDWARD SLAYBAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4170 WINTERGREEN BLVD  
 City COLUMBUS State OH Zip Code 43230-1072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.130750**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. EDWARD SLAYBAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4170 WINTERGREEN BLVD  
 City COLUMBUS State OH Zip Code 43230-1072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133121**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 503 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. HAROLD SLICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 963 S CREEKVIEW LN  
 City ANAHEIM State CA Zip Code 92808-1444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136418**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. BOBBIE S. SLUSHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1110 STACK RD  
 City MONROE State NC Zip Code 28112-9443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130939**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WARREN L. SMINK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10960 OLD FREDERICK RD  
 City WOODSTOCK State MD Zip Code 21163-1302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135434**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 504 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EUGENE A. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3571 HIGHLAND AVE  
 City SAINT PAUL State MN Zip Code 55110-5311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128466**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. EUGENE A. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3571 HIGHLAND AVE  
 City SAINT PAUL State MN Zip Code 55110-5311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130281**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. EUGENE A. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3571 HIGHLAND AVE  
 City SAINT PAUL State MN Zip Code 55110-5311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134676**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 505 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GEORGE A. SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 721 MULLINS HILL CIR SE

City HUNTSVILLE	State AL	Zip Code 35802-1977
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AC, INC	Occupation PRESIDENT
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137839**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

**B. MR. HAROLD P. SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 NATHAN CT

City WATERBURY	State CT	Zip Code 06708-1917
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136806**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**C. MR. JAMES B. SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 BALLESTONE CT

City DOTHAN	State AL	Zip Code 36301-6403
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation CHEF
-----------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136515**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 506 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES B. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 BALLESTONE CT  
 City DOTHAN State AL Zip Code 36301-6403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CHEF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **234.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140868**  
 Amount of Each Receipt this Period  
 34.99  
 Memo Item  
 CONTRIBUTION

**B. MS. KATHLEEN L. SMITHEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6205 WESTMINSTER CT  
 City SPRINGFIELD State IL Zip Code 62711-6728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133977**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LARRY C. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38315 COUNTY ROAD RR  
 City OTIS State CO Zip Code 80743-9341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DEL MONT CONSULTANTS Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136748**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>434.99</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 507 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LINDA A. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 721 MULLINS HILL CIR  
 City HUNTSVILLE State AL Zip Code 35802-1977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AC INC Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138036**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MABEL R. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1255 N BROADWAY APT 306  
 City ESCONDIDO State CA Zip Code 92026-2858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 424.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128959**  
 Amount of Each Receipt this Period 106.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MICHAEL B. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3065 W CALIFORNIA AVE  
 City SALT LAKE CTY State UT Zip Code 84104-4586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132235**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	806.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 508 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. PHILIP SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 MCFARLAND CIRCLE NORTH

City TUSCALOOSA State AL Zip Code 35406-1800

FEC ID number of contributing federal political committee. **C**

Name of Employer INDIAN HILLS ANIMAL CLINIC Occupation VETERINARIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.15

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140598**

Amount of Each Receipt this Period 241.15

Memo Item CONTRIBUTION

**B. MR. MERVIN L. SMUCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2053 TURKEY HILL RD

City NARVON State PA Zip Code 17555-9327

FEC ID number of contributing federal political committee. **C**

Name of Employer WEAVER MACHINE Occupation CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135590**

Amount of Each Receipt this Period 150.00

Memo Item CONTRIBUTION

**C. MR. MERVIN L. SMUCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2053 TURKEY HILL RD

City NARVON State PA Zip Code 17555-9327

FEC ID number of contributing federal political committee. **C**

Name of Employer WEAVER MACHINE Occupation CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138970**

Amount of Each Receipt this Period 75.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 466.15

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 509 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ANNE M. SNELLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5699 MIRAMAR DR.  
 City FRISCO State TX Zip Code 75034-5949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.133602**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MS. KAREN SNOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 BOULDER RIDGE DR.  
 City HENDERSONVILLE State NC Zip Code 28792-6485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.138296**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MS. KAREN SNOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 BOULDER RIDGE DR.  
 City HENDERSONVILLE State NC Zip Code 28792-6485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.138297**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 510 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MS. KAREN SNOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 BOULDER RIDGE DR.  
 City HENDERSONVILLE State NC Zip Code 28792-6485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139768**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. HELEN PATRICIA SNYDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 VALLEJO CT  
 City MILLBRAE State CA Zip Code 94030-2835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131508**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LEE H. SOLOMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 NARVAEZ WAY  
 City HOT SPRINGS State AR Zip Code 71909-7124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128472**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 511 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MRS. JUNE A. SOMMER</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 1114 GUINEA DR.		<b>Transaction ID : SA11.132610</b>
City HOUSTON	State TX	Zip Code 77055-7508
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation MEDICAL TECH	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. MRS. JUNE A. SOMMER</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 1114 GUINEA DR.		<b>Transaction ID : SA11.134501</b>
City HOUSTON	State TX	Zip Code 77055-7508
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation MEDICAL TECH	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. JUNE A. SOMMER</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 1114 GUINEA DR.		<b>Transaction ID : SA11.135444</b>
City HOUSTON	State TX	Zip Code 77055-7508
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation MEDICAL TECH	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 512 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. AILEEN F. SPANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3942 E ACACIA AVE  
 City FRESNO State CA Zip Code 93726-0907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128286**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. AILEEN F. SPANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3942 E ACACIA AVE  
 City FRESNO State CA Zip Code 93726-0907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128865**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. AILEEN F. SPANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3942 E ACACIA AVE  
 City FRESNO State CA Zip Code 93726-0907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130686**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 513 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BEN H. SPARKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3917 MCFARLIN BLVD  
 City State Zip Code  
 DALLAS TX 75205-1721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129775**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. DR. THOMAS W. SPARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19411 W PINEY POINT AVE  
 City State Zip Code  
 BATON ROUGE LA 70817-2738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135294**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. GENE E. SPEAKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 S TETON AVE  
 City State Zip Code  
 SUGAR CITY ID 83448-5036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED M.D.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130434**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 514 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. FAYE I. SPECHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 TENNWOOD CT  
 City DURHAM State NC Zip Code 27712-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128912**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JUDITH D. SPECHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 233 LONG POINT RD  
 City STEVENSVILLE State MD Zip Code 21666-3641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHROP GRUMMAN CORP Occupation RETSOLTWAREENGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128741**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. ROSALIE SPELLECY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 MCDOUGALL AVE  
 City HORNELL State NY Zip Code 14843-1922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133352**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 515 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. PAMELA D. SPENCER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1897 L ST  
 LOT 10  
 City KODIAK State AK Zip Code 99615-6902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FULL TIME VOLUNTEER Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136725**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. LAURA L. SPERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5201 BLACKHAWK DR.  
 City PLANO State TX Zip Code 75093-4902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132856**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES E. SPISIAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 NE 1ST RD  
 City HOMESTEAD State FL Zip Code 33030-6144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TELCOM SYSTEMS, LTD Occupation EXECT. DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133673**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 516 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ANNE K. ST CLAIR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8900 INGLESIDE FARM LN  
 City MECHANICSVILLE State VA Zip Code 23111-2600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136213**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ARMAND M. ST CROIX SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2409 HADDON HURST CT  
 City FALLSTON State MD Zip Code 21047-1361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133470**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JACQUELYN R. STAFFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8477 FM 2064 N  
 City TROUP State TX Zip Code 75789-7711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134910**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 517 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. MICHAEL D. STANTON-HICKS**  
 Mailing Address 11405 CLEARFIELD LN  
 City State Zip Code  
 CHARDON OH 44024-9051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CCF CONSULTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136240**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. JACK FOSTER STATEN**  
 Mailing Address 24 CASH DR.  
 City State Zip Code  
 MOUND HOUSE NV 89706-7789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HELICAL WIRE INC DIRECTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128527**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MR. JACK FOSTER STATEN**  
 Mailing Address 24 CASH DR.  
 City State Zip Code  
 MOUND HOUSE NV 89706-7789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HELICAL WIRE INC DIRECTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135539**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 518 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ARLAND T. STEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4296 PRESERVATION AVE

City NEW ALBANY State OH Zip Code 43054-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.134747**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. MR. JEFFREY STEINKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 98

City ROCHESTER State VT Zip Code 05767-0098

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.130276**

Amount of Each Receipt this Period  
4500.00

Memo Item  
CONTRIBUTION

**C. MS. VIRGINIA STEPHENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 HOLLY AVE  
APT 401 O

City SHALIMAR State FL Zip Code 32579-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11.133700**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 519 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES M. STERN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 190  
 City State Zip Code  
 GILBERTSVILLE KY 42044-0190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131994**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CURTIS ED STEVENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15242 CHERBOURG AVE  
 City State Zip Code  
 IRVINE CA 92604-3121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 424.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133863**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. CURTIS ED STEVENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15242 CHERBOURG AVE  
 City State Zip Code  
 IRVINE CA 92604-3121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 424.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138522**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 712.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 520 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. HELEN M. STEWART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 WOODLEE RD  
 APT 122  
 City STAUNTON State VA Zip Code 24401-5301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133127**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. HELEN M. STEWART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 WOODLEE RD  
 APT 122  
 City STAUNTON State VA Zip Code 24401-5301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133908**  
 Amount of Each Receipt this Period 113.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RONALD G. STINEBISER USN RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1195 LA MOREE RD  
 SPC 112  
 City SAN MARCOS State CA Zip Code 92078-4531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US NAVY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128388**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 293.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 521 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RONALD G. STINEBISER USN RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1195 LA MOREE RD  
 SPC 112  
 City SAN MARCOS State CA Zip Code 92078-4531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US NAVY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131827**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 CONTRIBUTION

**B. MR. THOMAS J. STOREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10101 AUSTRIAN WAY  
 City OAK PARK State MI Zip Code 48237-1879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCA DETROIT Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135241**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BETH STORMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11801 BROWNING RD  
 City EVANSVILLE State IN Zip Code 47725-9211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF( (br/>
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140302**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	830.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 522 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ROSALIE L. STRANG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1650 KOEHLER DR. NW  
 UNIT 215  
 City CEDAR RAPIDS State IA Zip Code 52405-1576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134184**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JEANIE STRECH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7755 HEMBREE LN  
 City WINDSOR State CA Zip Code 95492-9719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TECHNOLOGIS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136362**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. CHRISTINE MALONE STREET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 386 POLK ST NW  
 City MARIETTA State GA Zip Code 30064-2308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133646**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 523 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JUDY G. STRICKLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3110 CAMELLIA ROSE DR.  
 UNIT 211  
 City FORT WORTH State TX Zip Code 76116-0941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. FARMING  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.132815**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item  
**CONTRIBUTION**

**B. MRS. CHARLENE STRIDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 604 LONDON CT  
 City GRAND JCT State CO Zip Code 81504-5277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED NURSE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.136661**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**C. MS. MARIE W. STUART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 VILLAGE PL  
 APT 314  
 City LONGWOOD State FL Zip Code 32779-5975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135370**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 524 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CATHERINE STURM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 SAND SHORE RD  
 City BUDD LAKE State NJ Zip Code 07828-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134887**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JUDITH A. SUGALSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 COLLIER CIR  
 City SPENCER State MA Zip Code 01562-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135986**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JUDITH A. SUGALSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 COLLIER CIR  
 City SPENCER State MA Zip Code 01562-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136491**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 525 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JEFFREY SULLIVAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3730 HWY 151  
 City State Zip Code  
 DOWNSVILLE LA 71234-5120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GRAPHIC PACKAGING PAPERMILL/PRODU  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137443**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JEFFREY SULLIVAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3730 HWY 151  
 City State Zip Code  
 DOWNSVILLE LA 71234-5120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GRAPHIC PACKAGING PAPERMILL/PRODU  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137444**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item  
 CONTRIBUTION

**C. MS. SHIRLEY E. SULLIVAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2129 W NEW HAVEN AVE  
 APT 311  
 City State Zip Code  
 MELBOURNE FL 32904-3855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139761**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 526 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ALICE E. SUMIDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2309 SW 1ST AVE  
 APT 1545  
 City PORTLAND State OR Zip Code 97201-5076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128461**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARTHA SUMMERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3177 S GRANT ST  
 City ENGLEWOOD State CO Zip Code 80113-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135940**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. TROYE D. SUMMITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 BRAKEBILL RD  
 City VONORE State TN Zip Code 37885-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135621**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 527 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAY M. SUTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2252 LAKE TERRACE DR.  
 City HARRISONBURG State VA Zip Code 22802-6193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133817**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CHARLES SUTHERLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2204 PASADENA ST  
 City SANTA ANA State CA Zip Code 92705-7947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136077**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. CHARLES SUTHERLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2204 PASADENA ST  
 City SANTA ANA State CA Zip Code 92705-7947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136660**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 528 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. CAPT. DAVID E. SWAN USNR RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3327 OLIVE ST  
 City JACKSONVILLE State FL Zip Code 32207-8934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133878**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. HILDA C. SWAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 PROSPECT ST  
 City BREWER State ME Zip Code 04412-2627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMP Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 339.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131101**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. HILDA C. SWAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 PROSPECT ST  
 City BREWER State ME Zip Code 04412-2627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMP Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 339.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136727**  
 Amount of Each Receipt this Period  
 239.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 439.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 529 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. KENNA SWANER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 CIRBY OAKS CT  
 City ROSEVILLE State CA Zip Code 95678-5178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 389.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138271**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**B. MR. KENNA SWANER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 CIRBY OAKS CT  
 City ROSEVILLE State CA Zip Code 95678-5178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 389.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.138662**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DUANE B. SWANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 817 SKYLINE DR.  
 City BASSETT State NE Zip Code 68714-5053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136360**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	132.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 530 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DUANE B. SWANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 817 SKYLINE DR.

City BASSETT State NE Zip Code 68714-5053

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.136384**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MR. EUGENE E. SZAFAROWICZ**  
Full Name (Last, First, Middle Initial)

Mailing Address PSC 76 BOX 2664

City APO State AP Zip Code 96319-0027

FEC ID number of contributing federal political committee. **C**

Name of Employer AAFES Occupation RETAIL SHIFT MG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.136123**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C. MR. DALE P. TAGGART**  
Full Name (Last, First, Middle Initial)

Mailing Address 11464 SW 48TH TER

City TOWANDA State KS Zip Code 67144-9271

FEC ID number of contributing federal political committee. **C**

Name of Employer BEEHCRAFT CORP Occupation INTL CERT ENGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 296.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.137837**

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 531 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MRS. W LOUISE TAGLIAVINI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2A SAWMILL PARK  
 City SOUTHWICK State MA Zip Code 01077-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129383**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. W LOUISE TAGLIAVINI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2A SAWMILL PARK  
 City SOUTHWICK State MA Zip Code 01077-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134037**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. GERTIE V. TALKINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2527 CHICAGO AVE  
 City KINGMAN State AZ Zip Code 86401-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136444**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 532 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. GERTIE V. TALKINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2527 CHICAGO AVE  
 City KINGMAN State AZ Zip Code 86401-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137632**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. GERTIE V. TALKINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2527 CHICAGO AVE  
 City KINGMAN State AZ Zip Code 86401-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139367**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MAILE T. TAMURA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15321 W PICCADILLY RD  
 City GOODYEAR State AZ Zip Code 85395-8796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.98

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136063**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 533 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MAILE T. TAMURA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15321 W PICCADILLY RD  
 City State Zip Code  
 GOODYEAR AZ 85395-8796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 479.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140061**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MAILE T. TAMURA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15321 W PICCADILLY RD  
 City State Zip Code  
 GOODYEAR AZ 85395-8796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 479.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140988**  
 Amount of Each Receipt this Period  
 29.98  
 Memo Item  
 CONTRIBUTION

**C. TERRY F. TANNER M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 323 SNELL ISLE BLVD NE  
 City State Zip Code  
 SAINT PETERSBURG FL 33704-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. M.D.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136141**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 129.98  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 534 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. TERRY F. TANNER M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 323 SNELL ISLE BLVD NE  
 City SAINT PETERSBURG State FL Zip Code 33704-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. M.D.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136708**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. R E. TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18417 DOTY AVE  
 City TORRANCE State CA Zip Code 90504-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131012**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. SUSAN TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220B CREAX RD  
 City AXIS State AL Zip Code 36505-4720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139479**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 535 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILFORD TAYLOR III**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 898

City CANYON	State TX	Zip Code 79015-0898
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016  
**Transaction ID : SA11.132571**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MR. WILFORD TAYLOR III**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 898

City CANYON	State TX	Zip Code 79015-0898
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016  
**Transaction ID : SA11.134435**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MR. DON M. TERBEEK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 575 JACKSON ST SW

City GRANDVILLE	State MI	Zip Code 49418-9637
FEC ID number of contributing federal political committee. C		
Name of Employer TER BECK & SCOTT ELECT	Occupation RET. ELEC CONT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016  
**Transaction ID : SA11.128216**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 536 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. DON M. TERBEEK**  
 Mailing Address 575 JACKSON ST SW  
 City State Zip Code  
 GRANDVILLE MI 49418-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TER BECK & SCOTT ELECT RET. ELEC CONT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135365**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. SHARON J. THAXTON**  
 Mailing Address 1820 KAPALUA DR.  
 City State Zip Code  
 OXNARD CA 93036-7745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130957**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. SHARON J. THAXTON**  
 Mailing Address 1820 KAPALUA DR.  
 City State Zip Code  
 OXNARD CA 93036-7745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135885**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 537 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT L. THEAUX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1010 INVADER ST  
 City State Zip Code  
 SULPHUR LA 70663-7044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129957**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JULIE THEOPHANES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1440 NW 130TH AVE  
 City State Zip Code  
 PORTLAND OR 97229-4606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136990**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARILYN THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6859 RALARIC DR.  
 City State Zip Code  
 DEXTER MI 48130-9689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED NURSE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137114**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 538 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARILYN THOMAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6859 RALARIC DR.  
City DEXTER State MI Zip Code 48130-9689  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED NURSE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139404**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MR. KEN A. THOMPSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1400 FOOTHILL VILLAGE DR. APT 343  
City ANGELS CAMP State CA Zip Code 95222-9434  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1100.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133741**  
Amount of Each Receipt this Period 800.00  
 Memo Item CONTRIBUTION

**C. MISS VIOLET L. THOMPSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7937 15TH ST N  
City SAINT PAUL State MN Zip Code 55128-5607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 359.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133832**  
Amount of Each Receipt this Period 159.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **1059.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 539 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. NORMAN W. THOMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5420 SE 37TH ST  
 City State Zip Code  
 TECUMSEH KS 66542-9161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED SURGEON  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128749**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. NORMAN W. THOMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5420 SE 37TH ST  
 City State Zip Code  
 TECUMSEH KS 66542-9161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED SURGEON  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135209**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JESSE STEPHEN THORNTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2701 REDSTONE DRIVE  
 City State Zip Code  
 ARLINGTON TX 76001-5493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136531**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 540 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. KETURAH THUNDER-HAAB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 PINE BRAE DRIVE  
 City ANN ARBOR State MI Zip Code 48105-2723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128393**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. KETURAH THUNDER-HAAB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 PINE BRAE DRIVE  
 City ANN ARBOR State MI Zip Code 48105-2723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133677**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM P. TICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 SUNSHINE LAKE RD  
 City MIDWAY State GA Zip Code 31320-2404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135907**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 541 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM P. TICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 SUNSHINE LAKE RD  
 City MIDWAY State GA Zip Code 31320-2404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136173**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CARL W. TIMPSON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 N OCEAN BLVD APT N-7  
 City DELRAY BEACH State FL Zip Code 33483-7013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135918**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. DR. ROLAND R. TINDLE DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4535 ORION RD  
 City ROCHESTER State MI Zip Code 48306-1710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133645**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 542 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WALLACE TIPPERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 WILLIAM FAULKNER DR.  
 City CENTRALIA State WA Zip Code 98531-9040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131398**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WALLACE TIPPERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 WILLIAM FAULKNER DR.  
 City CENTRALIA State WA Zip Code 98531-9040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133956**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. A TOWNSEND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3819 YOUNG ST 1 # 1  
 City ANCHORAGE State AK Zip Code 99508-4547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134284**  
 Amount of Each Receipt this Period  
 435.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	735.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 543 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD P. TRECY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10850 S ISABELLA RD  
 City SHEPHERD State MI Zip Code 48883-9317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131201**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RICHARD P. TRECY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10850 S ISABELLA RD  
 City SHEPHERD State MI Zip Code 48883-9317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134181**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. HAZEL W. TROTTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 533 ALEXIAN WAY  
 APT WEST 217  
 City SIGNAL MTN State TN Zip Code 37377-1998  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130629**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 544 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MAUREEN TRULLINGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 822523

City VANCOUVER	State WA	Zip Code 98682-0055
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ADVENTIST MEDICAL CENTER,	Occupation REGISTERED NURS
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.16

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.137049**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. MS. MAUREEN TRULLINGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 822523

City VANCOUVER	State WA	Zip Code 98682-0055
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ADVENTIST MEDICAL CENTER,	Occupation REGISTERED NURS
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.16

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.140257**

Amount of Each Receipt this Period  
16.00

Memo Item  
CONTRIBUTION

**C. MS. MAUREEN TRULLINGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 822523

City VANCOUVER	State WA	Zip Code 98682-0055
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ADVENTIST MEDICAL CENTER,	Occupation REGISTERED NURS
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.16

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

**Transaction ID : SA11.140317**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 545 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MAUREEN TRULLINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 822523  
 City VANCOUVER State WA Zip Code 98682-0055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADVENTIST MEDICAL CENTER, Occupation REGISTERED NURS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140375**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MAUREEN TRULLINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 822523  
 City VANCOUVER State WA Zip Code 98682-0055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADVENTIST MEDICAL CENTER, Occupation REGISTERED NURS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140522**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. VIDA TUBIOLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 817 MILLER RD  
 City HILLSBOROUGH State NC Zip Code 27278-8477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131040**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 546 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BARBARA H. TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 WINTER ST  
 City LINCORN State MA Zip Code 01773-3501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF / RETIRED Occupation REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132713**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. BARBARA H. TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 WINTER ST  
 City LINCORN State MA Zip Code 01773-3501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF / RETIRED Occupation REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135857**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BARBARA H. TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 WINTER ST  
 City LINCORN State MA Zip Code 01773-3501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF / RETIRED Occupation REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136139**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 547 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BARBARA H. TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 WINTER ST  
 City LINCORN State MA Zip Code 01773-3501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF / RETIRED Occupation REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136456**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARY M. TWILLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42899 PINE GROVE RD  
 City BAY MINETTE State AL Zip Code 36507-8608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 678.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129677**  
 Amount of Each Receipt this Period 339.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ALFRED H. UHALT JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2533 SHALIMAR DR.  
 City COLORADO SPRINGS State CO Zip Code 80915-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLORADO SKYWAYS SELF Occupation PILOT/FLIGHT IN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128189**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	489.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 548 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ALFRED H. UHALT JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2533 SHALIMAR DR.  
 City COLORADO SPRINGS State CO Zip Code 80915-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLORADO SKYWAYS SELF Occupation PILOT/FLIGHT IN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.134455**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. PATRICIA R. ULBRICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6863 BALSAM ST  
 City ARVADA State CO Zip Code 80004-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.130881**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. PATRICIA R. ULBRICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6863 BALSAM ST  
 City ARVADA State CO Zip Code 80004-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.133620**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 549 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RALPH E. ULM**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 N PARK LN

City FAIRFIELD State IL Zip Code 62837-1927

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.133190

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

**B. MR. RALPH E. ULM**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 N PARK LN

City FAIRFIELD State IL Zip Code 62837-1927

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.134371

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

**C. MR. RICHARD S. UTTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 23018 GALVA AVE

City TORRANCE State CA Zip Code 90505-3521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
590.32

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.129672

Amount of Each Receipt this Period  
150.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 550 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD S. UTTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 23018 GALVA AVE

City TORRANCE State CA Zip Code 90505-3521

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
590.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.134287**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MR. RICHARD S. UTTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 23018 GALVA AVE

City TORRANCE State CA Zip Code 90505-3521

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
590.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.139799**

Amount of Each Receipt this Period  
20.16

Memo Item  
CONTRIBUTION

**C. MS. BARBARA E. VAN AMBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 NEWBERRY LN

City HOWELL State MI Zip Code 48843-9567

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.129798**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 551 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BARBARA E. VAN AMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 NEWBERRY LN  
 City State Zip Code  
 HOWELL MI 48843-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136565**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BARBARA E. VAN AMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 NEWBERRY LN  
 City State Zip Code  
 HOWELL MI 48843-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136686**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MS. HATTIE VAN WYK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1307 BOONE ST  
 City State Zip Code  
 PELLA IA 50219-1179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128740**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 552 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. HATTIE VAN WYK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1307 BOONE ST  
 City PELLA State IA Zip Code 50219-1179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133396**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item  
 CONTRIBUTION

**B. KRIS VANANDEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3177 22ND ST  
 City HOPKINS State MI Zip Code 49328-9702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOPKINS PROPANE BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133701**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**C. FRANCES VANDERPOOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5052 W 400 S  
 City WABASH State IN Zip Code 46992-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131736**  
 Amount of Each Receipt this Period  
 33.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2123.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 553 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. FRANCES VANDERPOOL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5052 W 400 S  
City WABASH State IN Zip Code 46992-8261  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 233.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135591**  
Amount of Each Receipt this Period 200.00  
 Memo Item  
CONTRIBUTION

**B. MS. MARIE VANDER GRIEND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1414 ELM CT APT 250  
City SHELDON State IA Zip Code 51201-1853  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.127915**  
Amount of Each Receipt this Period 80.00  
 Memo Item  
CONTRIBUTION

**C. MS. MARIE VANDER GRIEND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1414 ELM CT APT 250  
City SHELDON State IA Zip Code 51201-1853  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129490**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 554 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARTHA VANDEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 SALISBURY AVE  
 City GOLETA State CA Zip Code 93117-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.139673**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. NUMIDA VANZEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2709 DUNN RD  
 City CAMANCHE State IA Zip Code 52730-9685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128464**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. NUMIDA VANZEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2709 DUNN RD  
 City CAMANCHE State IA Zip Code 52730-9685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134986**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 555 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. CHARLES VARSEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7907 ALETA DR.  
 City SPRING State TX Zip Code 77379-6104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129043**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CHARLES VARSEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7907 ALETA DR.  
 City SPRING State TX Zip Code 77379-6104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136675**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. C RICHARD VAUGHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 495 CROSSINGHAM RD  
 City MT. AIRY State NC Zip Code 27030-9169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137905**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 556 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. KENNETH P. VAUGHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 582 SPRING LAKE DR.  
 City PEARL State MS Zip Code 39208-6669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130877**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. KENNETH P. VAUGHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 582 SPRING LAKE DR.  
 City PEARL State MS Zip Code 39208-6669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133943**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. EDWIN VERBURG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3484 MONROE AVE  
 City SHELDON State IA Zip Code 51201-7527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129678**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 557 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EDWIN VERBURG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3484 MONROE AVE

City SHELDON	State IA	Zip Code 51201-7527
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation FARMER
--------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.133909**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MR. RICHARD VERMEERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5208 NE 275TH AVE

City CAMAS	State WA	Zip Code 98607-8844
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BROWN & KY SAR	Occupation ELEC ENGINEER
------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.138428**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MR. RICHARD VERMEERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5208 NE 275TH AVE

City CAMAS	State WA	Zip Code 98607-8844
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BROWN & KY SAR	Occupation ELEC ENGINEER
------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2016

**Transaction ID : SA11.138595**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 558 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. KENNETH B. VIKTOR TTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 259 AVENIDA LOBEIRO  
 APT G  
 City SAN CLEMENTE State CA Zip Code 92672-4449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132748**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**B. MR. THOMAS L. VIVIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 MUSCONETCONG RIVER RD  
 City HAMPTON State NJ Zip Code 08827-3022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135280**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. FRITZ VON BERGEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 CLEMATIS CT  
 City NEW HOLLAND State PA Zip Code 17557-9680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128387**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 559 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. FRITZ VON BERGEN**

Mailing Address **220 CLEMATIS CT**

City **NEW HOLLAND** State **PA** Zip Code **17557-9680**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.136803**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. EVELYN L. WAITES**

Mailing Address **120 HANK HAYNIE DR.  
P.O. BOX 4004**

City **FLORENCE** State **SC** Zip Code **29502-4004**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LIFE CHURCH OF FLORENCE** Occupation **PASTOR**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.132067**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MR. DON L. WALCOTT**

Mailing Address **5525 ANTELOPE WAY**

City **WEED** State **CA** Zip Code **96094-9655**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 01 / 2016**

**Transaction ID : SA11.128521**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **500.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 560 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LINDA WALDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 11  
 City MANCHESTER State TN Zip Code 37349-0011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133189**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MISS PATRICIA A. WALDROP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 COUNTY ROAD 3989  
 City JASPER State AL Zip Code 35503-8309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF NURSE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136942**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MISS PATRICIA A. WALDROP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 COUNTY ROAD 3989  
 City JASPER State AL Zip Code 35503-8309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF NURSE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140347**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 561 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. GREGORY WALES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 BROADWAY ST  
 City ALEXANDRIA State MN Zip Code 56308-2537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation HEARING SPCLST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.140364**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. MRS. CATHARINE WALKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8523 THACKERY ST APT 5207  
 City DALLAS State TX Zip Code 75225-3914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133445**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. MR. JACK WALKEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1085  
 City EVERETT State WA Zip Code 98206-1085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.127853**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 562 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. BOB D. WALLACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 804 2ND AVE

City BELLE PLAINE State IA Zip Code 52208-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer ENGINEERED PLASTICS COMPO Occupation PROCESSENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **344.97**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.137578**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MR. BOB D. WALLACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 804 2ND AVE

City BELLE PLAINE State IA Zip Code 52208-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer ENGINEERED PLASTICS COMPO Occupation PROCESSENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **344.97**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140735**

Amount of Each Receipt this Period  
 44.97

Memo Item  
CONTRIBUTION

**C. LESLIE WALLACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 GINSENG DRIVE

City SUNSET State SC Zip Code 29685-2226

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.45**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140597**

Amount of Each Receipt this Period  
 269.45

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>414.42</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 563 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ED J. WALLGREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1034 CLIFF VIEW LN  
 City OAK HARBOR State WA Zip Code 98277-8286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PRACKTIONER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135486**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

**B. MS. NETA K. WARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7536 MACKENZIE DR. NE  
 City RIO RANCHO State NM Zip Code 87144-8413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.135813**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 CONTRIBUTION

**C. MS. NETA K. WARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7536 MACKENZIE DR. NE  
 City RIO RANCHO State NM Zip Code 87144-8413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.136185**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 564 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. NETA K. WARD**

Mailing Address **7536 MACKENZIE DR. NE**

City **RIO RANCHO** State **NM** Zip Code **87144-8413**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 /  /   
**01 / 01 / 2016**

**Transaction ID : SA11.136249**

Amount of Each Receipt this Period  
 **75.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAMES WATERS**

Mailing Address **7860 E OAKLAND MANOR DR.**

City **WATERFORD** State **MI** Zip Code **48327-1477**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DELPHI** Occupation **ENGINEER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 /  /   
**01 / 01 / 2016**

**Transaction ID : SA11.130922**

Amount of Each Receipt this Period  
 **400.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARY LOU WATSON**

Mailing Address **8855 SHERIDAN RD**

City **W MELBOURNE** State **FL** Zip Code **32904-1951**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **INS AGENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 /  /   
**01 / 01 / 2016**

**Transaction ID : SA11.135466**

Amount of Each Receipt this Period  
 **200.00**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  **675.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 565 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. RONALD WOODROW WATSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 01 / 2016 <b>Transaction ID : SA11.135774</b>
Mailing Address 6404 PONTIAC DR. City NORTH LITTLE ROCK State AR Zip Code 72116-5227		Amount of Each Receipt this Period 226.00 <input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C	Name of Employer SELF Occupation HVACR	Amount of Each Receipt this Period 226.00 <input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 678.00	

Full Name (Last, First, Middle Initial) <b>B. MR. RONALD WOODROW WATSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 01 / 2016 <b>Transaction ID : SA11.135976</b>
Mailing Address 6404 PONTIAC DR. City NORTH LITTLE ROCK State AR Zip Code 72116-5227		Amount of Each Receipt this Period 226.00 <input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C	Name of Employer SELF Occupation HVACR	Amount of Each Receipt this Period 226.00 <input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 678.00	

Full Name (Last, First, Middle Initial) <b>C. EVELYN H. WAYBRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 01 / 2016 <b>Transaction ID : SA11.134374</b>
Mailing Address 1075 OLD HARRISBURG RD UNIT 186 City GETTYSBURG State PA Zip Code 17325-3143		Amount of Each Receipt this Period 159.00 <input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C	Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF	Amount of Each Receipt this Period 159.00 <input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	611.00
<b>TOTAL</b> This Period (last page this line number only).....	611.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 566 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. EVELYN H. WAYBRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1075 OLD HARRISBURG RD  
 UNIT 186  
 City GETTYSBURG State PA Zip Code 17325-3143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 371.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.136566**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ANNABELLE WAYMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4057 CARLTON AVE  
 City CENTRAL POINT State OR Zip Code 97502-1749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF  
 Occupation BOOKKEEPER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.136303**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. URSULA H. WEBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 E 19TH ST  
 APT 11A  
 City NEW YORK State NY Zip Code 10003-2653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE OF NY  
 Occupation PHYSICIAN-RET  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 01 / 01 / 2016  
**Transaction ID : SA11.128119**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	506.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 567 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. URSULA H. WEBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 E 19TH ST  
 APT 11A  
 City NEW YORK State NY Zip Code 10003-2653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE OF NY Occupation PHYSICIAN-RET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133183**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. URSULA H. WEBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 E 19TH ST  
 APT 11A  
 City NEW YORK State NY Zip Code 10003-2653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE OF NY Occupation PHYSICIAN-RET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134375**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. LEE R. WEEDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4853 S SHERIDAN RD  
 STE 603  
 City TULSA State OK Zip Code 74145-5760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation TAX PREPARER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136292**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 568 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. LEE R. WEEDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4853 S SHERIDAN RD  
STE 603

City TULSA State OK Zip Code 74145-5760

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation TAX PREPARER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.136736

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. LEE R. WEEDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4853 S SHERIDAN RD  
STE 603

City TULSA State OK Zip Code 74145-5760

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation TAX PREPARER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.137158

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. MR. ERNEST A. WELCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 374 W BIRDIE DR.

City PUEBLO State CO Zip Code 81007-6039

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.133917

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 569 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ERNEST A. WELCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 374 W BIRDIE DR.

City PUEBLO State CO Zip Code 81007-6039

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.136624**

Amount of Each Receipt this Period  
 225.00

Memo Item  
CONTRIBUTION

**B. MS. LENORE WELDON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 100

City HOLTS SUMMIT State MO Zip Code 65043-0100

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation HORSEBREEDER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.137476**

Amount of Each Receipt this Period  
 300.00

Memo Item  
CONTRIBUTION

**C. MS. CECELIA WELER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1249 RIVERBREEZE BLVD

City ORMOND BEACH State FL Zip Code 32176-4153

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11.140599**

Amount of Each Receipt this Period  
 219.80

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	744.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 570 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CAROLYN WELLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1344 S COLONIAL DR.  
 City SALT LAKE CITY State UT Zip Code 84108-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133866**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. MS. KEITHA K. WELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3911 APPALACHIAN TRL  
 City KINGWOOD State TX Zip Code 77345-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128169**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. MS. KEITHA K. WELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3911 APPALACHIAN TRL  
 City KINGWOOD State TX Zip Code 77345-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.138076**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 571 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. KEITHA K. WELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3911 APPALACHIAN TRL  
 City KINGWOOD State TX Zip Code 77345-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140365**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. KEITHA K. WELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3911 APPALACHIAN TRL  
 City KINGWOOD State TX Zip Code 77345-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140529**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM P. WENZLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1229 N JACKSON ST  
 UNIT 108  
 City MILWAUKEE State WI Zip Code 53202-2650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133907**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 572 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. NANCY WESTBROOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 SW 1025TH RD  
 City CHILHOWEE State MO Zip Code 64733-9218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CITY OF WARRENSBURG Occupation WASTEWT PLAN OP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.29

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137403**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**B. MS. NANCY WESTBROOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 SW 1025TH RD  
 City CHILHOWEE State MO Zip Code 64733-9218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CITY OF WARRENSBURG Occupation WASTEWT PLAN OP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.29

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137511**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item  
 CONTRIBUTION

**C. MS. NANCY WESTBROOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 SW 1025TH RD  
 City CHILHOWEE State MO Zip Code 64733-9218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CITY OF WARRENSBURG Occupation WASTEWT PLAN OP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.29

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.140600**  
 Amount of Each Receipt this Period  
 163.13  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.29
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 573 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. RAYMOND N. WESTRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3467 LAKEVIEW RD  
 City State Zip Code  
 FORT VALLEY GA 31030-5825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133791**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ARTHUR H. WEYRAUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 CEDAR ST  
 City State Zip Code  
 NICEVILLE FL 32578-8702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 USAF RET. RETIRED COL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 873.55

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135858**  
 Amount of Each Receipt this Period  
 100.16  
 Memo Item  
 CONTRIBUTION

**C. MR. ARTHUR H. WEYRAUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 CEDAR ST  
 City State Zip Code  
 NICEVILLE FL 32578-8702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 USAF RET. RETIRED COL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 873.55

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135994**  
 Amount of Each Receipt this Period  
 120.16  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 520.32  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 574 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ARTHUR H. WEYRAUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 CEDAR ST  
 City NICEVILLE State FL Zip Code 32578-8702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF RET. Occupation RETIRED COL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873.55

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136504**  
 Amount of Each Receipt this Period 200.16  
 Memo Item  
 CONTRIBUTION

**B. MR. MERLE J. WHALEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 LOST KEY DR. UNIT 305  
 City PENSACOLA State FL Zip Code 32507-2673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133862**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. KERRY MAE WHEELER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1758  
 City LIVINGSTON State TX Zip Code 77351-0032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation MINISTER/CNSLR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.131657**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 575 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. EDWARD WHITESIDES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1717 KNOX RD  
 City CLOVER State SC Zip Code 29710-7442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ORTHO SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133574**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. MS. JANET I. WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3670 N COUNTY LINE RD  
 City GRANDVIEW State WA Zip Code 98930-9076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129802**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MS. JANET I. WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3670 N COUNTY LINE RD  
 City GRANDVIEW State WA Zip Code 98930-9076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135368**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 576 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LORA WHITELEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 ENGLEWOOD DR.  
 City LUFKIN State TX Zip Code 75901-5807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135763**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT DOUGLAS WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 DINSMORE AVE  
 APT 608  
 City FRAMINGHAM State MA Zip Code 01702-6028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 263.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132519**  
 Amount of Each Receipt this Period  
 113.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT DOUGLAS WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 DINSMORE AVE  
 APT 608  
 City FRAMINGHAM State MA Zip Code 01702-6028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 263.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133793**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	563.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 577 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARGARET WHITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 HEATHERBROOK DR.  
 City MURPHY State TX Zip Code 75094-4018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133007**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARGARET WHITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 HEATHERBROOK DR.  
 City MURPHY State TX Zip Code 75094-4018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137749**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. LAUREL J. WICKLUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4751 E VALLEY BROOK RD  
 City SUPERIOR State WI Zip Code 54880-8043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129493**  
 Amount of Each Receipt this Period 38.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5538.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 578 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. LAUREL J. WICKLUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4751 E VALLEY BROOK RD  
 City SUPERIOR State WI Zip Code 54880-8043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **263.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.129494**  
 Amount of Each Receipt this Period: **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. VERNON WICKSTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19574 AMERICAN AVE  
 City HILMAR State CA Zip Code 95324-9031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RET. DAIRY FARM** Occupation: **RET. DAIRY FARM**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.136615**  
 Amount of Each Receipt this Period: **200.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. GALE M. WIEDEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 VALLEY CREEK DR. SW  
 City CARTERSVILLE State GA Zip Code 30120-6372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **INFORMATION REQUESTED PER BEST EFF** Occupation: **INFORMATION REQUESTED PER BEST EFF**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **205.00**

Date of Receipt: **01 / 01 / 2016**  
**Transaction ID : SA11.130886**  
 Amount of Each Receipt this Period: **35.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>335.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 579 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. LORETTA M. WIEHR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 RAINBOW DR.  
 PMB 10213  
 City LIVINGSTON State TX Zip Code 77399-2002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132806**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MS. ROSE WIGGINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14834 CICOTTE AVE  
 City ALLEN PARK State MI Zip Code 48101-3004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer METRO AIRPORT Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133999**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JERRY WILHELM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 SOUTHLAND DR.  
 City WEATHERFORD State TX Zip Code 76086-5771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128939**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 580 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CONSTANCE S. WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2807 SUNSET DR.  
 City BELLINGHAM State WA Zip Code 98225-2536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133764**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**B. MRS. HELEN C. WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3051 N RED ROCK DR.  
 City MESA State AZ Zip Code 85215-9722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128414**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. MRS. DIANNE M. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1740 29TH AVENUE CT  
 City GREELEY State CO Zip Code 80634-5729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.132960**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 581 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. DIANNE M. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1740 29TH AVENUE CT  
 City GREELEY State CO Zip Code 80634-5729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135424**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JERROLD D. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 SUMMERALL DR.  
 City MABANK State TX Zip Code 75156-7162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133399**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JERROLD D. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 SUMMERALL DR.  
 City MABANK State TX Zip Code 75156-7162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134187**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 582 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. DR. JOE T. WILSON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1407 REDBUD CIR  
 City JONESBORO State AR Zip Code 72401-5736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131263**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. PAMELA WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 814 CAMINO CABALLO  
 City NIPOMO State CA Zip Code 93444-9573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132042**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PAMELA WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 814 CAMINO CABALLO  
 City NIPOMO State CA Zip Code 93444-9573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134368**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 583 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. FLORENCE M. WINDHORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 WILLOWS LN  
 City ALDAN State PA Zip Code 19018-3135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131968**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. GLORIA V. WISE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 WESTBOURNE DR.  
 City BLOOMFIELD HILLS State MI Zip Code 48301-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131891**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. GLORIA V. WISE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 WESTBOURNE DR.  
 City BLOOMFIELD HILLS State MI Zip Code 48301-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135405**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 584 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT W. WITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9446 STATE HIGHWAY 172  
 City State Zip Code  
 IGNACIO CO 81137-9125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF FARMER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132475**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. EUNICE V. WIXTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 637 LEITCH CREEK RD  
 City State Zip Code  
 KOOSKIA ID 83539-5124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128914**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. EUNICE V. WIXTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 637 LEITCH CREEK RD  
 City State Zip Code  
 KOOSKIA ID 83539-5124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130466**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1075.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 585 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. EUNICE V. WIXTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 637 LEITCH CREEK RD  
 City State Zip Code  
 KOOSKIA ID 83539-5124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134996**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MS. GISELA WOIWODE-DALES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 GARY AVE  
 City State Zip Code  
 TAYLORS SC 29687-4111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED HOUSEWIFE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130467**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DONALD H. WOLGEMUTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 LITITZ PIKE  
 P.O. BOX 5093  
 City State Zip Code  
 LANCASTER PA 17606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131826**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 586 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LESLIE A. WOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1217  
 City PLAINS State MT Zip Code 59859-1217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. LANDLORD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.131865**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RICHARD L. WOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3775 W D AVE  
 City KALAMAZOO State MI Zip Code 49009-9080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133187**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD L. WOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3775 W D AVE  
 City KALAMAZOO State MI Zip Code 49009-9080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135367**  
 Amount of Each Receipt this Period  
 800.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 587 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD L. WOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3775 W D AVE  
 City KALAMAZOO State MI Zip Code 49009-9080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136338**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 CONTRIBUTION

**B. MR. KEVIN WOODARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3008 HIGHLAND RIDGE DR.  
 City NORMAN State OK Zip Code 73069-8343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CITY OF EDMOND FIRE STATI Occupation FIRE CAPTAIN AN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136981**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARILYN M. WOODHOUSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 RAMBLEWOOD RD  
 City HOUSTON State TX Zip Code 77079-6905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133835**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 588 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LARRY WOODLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11730 PEBBLEPOINTE PASS  
 City State Zip Code  
 CARMEL IN 46033-9667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130246**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ALBERT J. WOODRING M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 GRANVILLE WAY  
 City State Zip Code  
 EXTON PA 19341-2786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. SURGEON  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136073**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. E M. WOODY CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1306  
 City State Zip Code  
 PENDLETON OR 97801-0850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WOODPECKER TRUCK TRUCK SALES  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.128123**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 589 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MRS. JEANNETTE C. WORTHAM</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 5100 US HIGHWAY 42 APT 613		<b>Transaction ID : SA11.129426</b>
City LOUISVILLE	State KY	Zip Code 40241-6050
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. MRS. JEANNETTE C. WORTHAM</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 5100 US HIGHWAY 42 APT 613		<b>Transaction ID : SA11.133988</b>
City LOUISVILLE	State KY	Zip Code 40241-6050
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JACK T. WRIGHT</b>		Date of Receipt MM / DD / YYYY 01 / 01 / 2016
Mailing Address 17504 DAWN CT		<b>Transaction ID : SA11.130027</b>
City MEADVILLE	State PA	Zip Code 16335-3704
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 590 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES T. WRIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 757

City PERRYTON State TX Zip Code 79070-0757

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.133186

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B. MR. WILBUR H. YANA**  
Full Name (Last, First, Middle Initial)

Mailing Address 12348 S STATE ROAD 55

City GOODLAND State IN Zip Code 47948-8019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF RET. FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.133579

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

**C. MS. MARY M. YORKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 62 KRAEMER ST

City HICKSVILLE State NY Zip Code 11801-4324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 01 / 2016  
Transaction ID : SA11.129496

Amount of Each Receipt this Period  
150.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 591 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DOROTHY K. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4328 N HALL ST  
 City DALLAS State TX Zip Code 75219-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.129031**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DOROTHY K. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4328 N HALL ST  
 City DALLAS State TX Zip Code 75219-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133734**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DOROTHY K. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4328 N HALL ST  
 City DALLAS State TX Zip Code 75219-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.133735**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 592 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DOROTHY K. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4328 N HALL ST  
 City DALLAS State TX Zip Code 75219-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.134668**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARLENE B. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 GROVE CREEK CIR  
 City SMITHSBURG State MD Zip Code 21783-9615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GREAT SOUTHERN ENTERPRISE Occupation ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.128405**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARLENE B. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 GROVE CREEK CIR  
 City SMITHSBURG State MD Zip Code 21783-9615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GREAT SOUTHERN ENTERPRISE Occupation ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.139600**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 593 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. GLADYS ZAMOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7265 SPANGHURST DR.  
 City State Zip Code  
 WALTON HILLS OH 44146-4319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.130487**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. GLADYS ZAMOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7265 SPANGHURST DR.  
 City State Zip Code  
 WALTON HILLS OH 44146-4319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.132882**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. GLADYS ZAMOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7265 SPANGHURST DR.  
 City State Zip Code  
 WALTON HILLS OH 44146-4319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133802**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 594 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES P. ZEHNDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28709 TANNER DR.  
 City State Zip Code  
 WESLEY CHAPEL FL 33543-5406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 7000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133544**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CHARLES ZEISLOFT SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1699 CROWN POINT RD  
 City State Zip Code  
 WEST DEPTFORD NJ 08086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF TRUCKING COMPAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137164**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. FREDERICK W. ZENTGRAF SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 643 N WYOMISSING BLVD  
 City State Zip Code  
 WYOMISSING PA 19610-1759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NOVIPAX LLC MECHANIC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.137551**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 595 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLARD C. ZIEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4687 W LOWES CREEK RD  
 City EAU CLAIRE State WI Zip Code 54701-9443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.136579**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 CONTRIBUTION

**B. MR. KENNETH J. ZIENKIEWICZ M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16117 AMETHYST KEY DR.  
 City WIMAUMA State FL Zip Code 33598-4027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133945**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LELAND G. ZIMMERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 S HILLDALE AVE  
 City EUREKA State IL Zip Code 61530-1334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MORTON COMMUNITY BANK Occupation COURIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.135770**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 596 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LELAND G. ZIMMERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 S HILLDALE AVE  
 City EUREKA State IL Zip Code 61530-1334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MORTON COMMUNITY BANK Occupation COURIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.136668**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LELAND G. ZIMMERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 S HILLDALE AVE  
 City EUREKA State IL Zip Code 61530-1334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MORTON COMMUNITY BANK Occupation COURIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.16

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.137407**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**C. MS. MARJORIE J. ZISKOVSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 S BROADWAY ST  
 City TOLEDO State IA Zip Code 52342-1311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation UNEMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 01 / 2016  
**Transaction ID : SA11.135603**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1220.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 597 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROSS ZOLL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 415 REIDS FERRY ROAD  
City SUFFOLK State VA Zip Code 23434-7143  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ATLANTIC ANESTHESIA Occupation ANESTHESIOLOGIST  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **572.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.140859**  
Amount of Each Receipt this Period **36.00**  
 Memo Item  
CONTRIBUTION

**B. MR. ROBERT L. ZUCKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8821 CYPRESS LAKES DR. UNIT 508  
City RALEIGH State NC Zip Code 27615-2138  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OED INC Occupation BUSINESS EXEC  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.130482**  
Amount of Each Receipt this Period **500.00**  
 Memo Item  
CONTRIBUTION

**C. MS. LORRAINE H. ZULLO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 806 BICKNELL RD  
City LOS GATOS State CA Zip Code 95030-2111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 01 / 2016**  
**Transaction ID : SA11.132288**  
Amount of Each Receipt this Period **150.00**  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>686.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 598 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LORRAINE H. ZULLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 806 BICKNELL RD  
 City LOS GATOS State CA Zip Code 95030-2111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.134822**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. J-J MOBILE HOME PARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6211 15TH ST E  
 LOT 68  
 City BRADENTON State FL Zip Code 34203-7744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.129079**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MOGAS INDUSTRIES, INC.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14330 D HARDY STREET  
 City HOUSTON State TX Zip Code 77039-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : SA11.133325**  
 Amount of Each Receipt this Period  
 15000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 599 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DIANE S. ABERNATHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7987 PEPPER PIKE  
 City WEST CHESTER State OH Zip Code 45069-2529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CAREGIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148244**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DIANE S. ABERNATHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7987 PEPPER PIKE  
 City WEST CHESTER State OH Zip Code 45069-2529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CAREGIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148989**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ANNE LYNN ADAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9405 ATHERTON CT  
 City BRENTWOOD State TN Zip Code 37027-8700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation FNP BC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150458**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 600 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROGER ADAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 13754 BRIGHTON DAM RD

City CLARKSVILLE	State MD	Zip Code 21029-1334
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation CONSULTANT
-----------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2016.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		01		2016

**Transaction ID : SA11.147831**

Amount of Each Receipt this Period  

2016.00
---------

 Memo Item  
**CONTRIBUTION**

**B. MR. THOMAS W. AHL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2525 ALLENTOWN RD

City LIMA	State OH	Zip Code 45805-1713
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OWNER OF CAR DEALERSHIP	Occupation SELF
---	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		01		2016

**Transaction ID : SA11.146331**

Amount of Each Receipt this Period  

50.00
-------

 Memo Item  
**CONTRIBUTION**

**C. MRS. HILDA M. AHTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1808 ALVA DR.

City PEKIN	State IL	Zip Code 61554-1631
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		01		2016

**Transaction ID : SA11.147223**

Amount of Each Receipt this Period  

200.00
--------

 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2266.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 601 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. BERKELEY B. AKE**

Mailing Address 140 STILLWATER FARM LN

City State Zip Code  
CHURCH HILL MD 21623-1246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF FARMER, ARTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.144973**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ART ALCANTAR**

Mailing Address 1656 E 6TH ST

City State Zip Code  
ONTARIO CA 91764-1501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF IT PROJECT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.54

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.151661**

Amount of Each Receipt this Period  
38.39

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ART ALCANTAR**

Mailing Address 1656 E 6TH ST

City State Zip Code  
ONTARIO CA 91764-1501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF IT PROJECT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.54

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.151753**

Amount of Each Receipt this Period  
25.38

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	163.77
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 602 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. SARAH ALCANTARA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3315 E 113TH TER  
APT A

City KANSAS CITY State MO Zip Code 64137-2261

FEC ID number of contributing federal political committee. **C**

Name of Employer PAM TRANSPORTS INC. Occupation TRUCK DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
254.16

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.148592**

Amount of Each Receipt this Period  
20.16

Memo Item  
CONTRIBUTION

**B. MS. SARAH ALCANTARA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3315 E 113TH TER  
APT A

City KANSAS CITY State MO Zip Code 64137-2261

FEC ID number of contributing federal political committee. **C**

Name of Employer PAM TRANSPORTS INC. Occupation TRUCK DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
254.16

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.149033**

Amount of Each Receipt this Period  
12.00

Memo Item  
CONTRIBUTION

**C. MS. SARAH ALCANTARA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3315 E 113TH TER  
APT A

City KANSAS CITY State MO Zip Code 64137-2261

FEC ID number of contributing federal political committee. **C**

Name of Employer PAM TRANSPORTS INC. Occupation TRUCK DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
254.16

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.150021**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	232.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 603 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. PHILIP S. ALLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 371 S BRENT ST

City VENTURA State CA Zip Code 93003-4704

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.150459**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. MR. DUANE ALTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 712 N LANCASHIRE LN

City LIBERTY LAKE State WA Zip Code 99019-8531

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147220**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. MR. JOHN A. ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address W5712 ARCHER LN

City WILD ROSE State WI Zip Code 54984-9168

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.144125**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 604 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN A. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W5712 ARCHER LN  
 City WILD ROSE State WI Zip Code 54984-9168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145079**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. KATRINA V. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1105 MIMOSA CT  
 City ROLLA State MO Zip Code 65401-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141361**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ROSEMARY ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9233 CORONA RD  
 City LAS CRUCES State NM Zip Code 88012-6507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147277**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 605 OF 1531  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
938.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141290**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
938.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141546**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 4.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
938.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141790**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 4.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **9.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 606 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.142585**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **5.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.142950**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **70.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.143314**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **77.00**

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 607 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.143556**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.144042**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **8.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.145009**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **12.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **21.00**

**TOTAL** This Period (last page this line number only)..... ► \_\_\_\_\_

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 608 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.145010**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **5.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.145950**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **20.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.146286**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ <b>26.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	_____



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 609 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.146650**

Amount of Each Receipt this Period  
**5.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.146651**

Amount of Each Receipt this Period  
**14.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MISS HELEN L. APPEL**

Mailing Address **1000 N US HIGHWAY 1  
APT E-105**

City **JUPITER** State **FL** Zip Code **33477-4481**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED R.N.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.149328**

Amount of Each Receipt this Period  
**20.16**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>39.16</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 610 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT A. AQUADRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 CHESTNUT ST  
 City FLORENCE State MA Zip Code 01062-1438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142956**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DIANNA ARCHULETA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 196  
 City LA BARGE State WY Zip Code 83123-0196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.70

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151655**  
 Amount of Each Receipt this Period 39.85  
 Memo Item  
 CONTRIBUTION

**C. STEVE ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6522 AIRPORT CENTER DR.  
 City GREENSBORO State NC Zip Code 27409-9094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 854.37

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151604**  
 Amount of Each Receipt this Period 70.10  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	209.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 611 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. STEVE ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6522 AIRPORT CENTER DR.  
 City Greensboro State NC Zip Code 27409-9094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 854.37

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151642**  
 Amount of Each Receipt this Period 41.97  
 Memo Item CONTRIBUTION

**B. STEVE ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6522 AIRPORT CENTER DR.  
 City Greensboro State NC Zip Code 27409-9094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 854.37

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151792**  
 Amount of Each Receipt this Period 21.98  
 Memo Item CONTRIBUTION

**C. STEVE ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6522 AIRPORT CENTER DR.  
 City Greensboro State NC Zip Code 27409-9094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 854.37

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151793**  
 Amount of Each Receipt this Period 21.90  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.85  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 612 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. STEVE ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
854.37

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.151820**

Amount of Each Receipt this Period  
19.99

Memo Item CONTRIBUTION

**B. STEVE ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
854.37

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.151821**

Amount of Each Receipt this Period  
19.99

Memo Item CONTRIBUTION

**C. STEVE ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
854.37

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.151849**

Amount of Each Receipt this Period  
19.99

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	59.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 613 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. STEVE ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City Greensboro State NC Zip Code 27409-9094

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
854.37

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.151947

Amount of Each Receipt this Period  
11.99

Memo Item CONTRIBUTION

**B. STEVE ARNOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City Greensboro State NC Zip Code 27409-9094

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
854.37

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.151961

Amount of Each Receipt this Period  
10.69

Memo Item CONTRIBUTION

**C. CLIFFORD AUSTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 443 TAYLOR HILL RD

City Dushore State PA Zip Code 18614-7449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.148597

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 272.68

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 614 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES F. AUSTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3105 NW 48TH ST

City OKLAHOMA CITY State OK Zip Code 73112-6031

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143391**

Amount of Each Receipt this Period  
 130.00

Memo Item  
 CONTRIBUTION

**B. MRS. IVA AVERY**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 HANSFORD RD

City BURNET State TX Zip Code 78611-5686

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147390**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 CONTRIBUTION

**C. MS. DOLORES BABEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 17218 SE 94TH COULTS CIR

City THE VILLAGES State FL Zip Code 32162-1867

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation ELECTRICAL ENGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.148602**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 615 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DOLORES BABEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17218 SE 94TH COULTS CIR  
 City THE VILLAGES State FL Zip Code 32162-1867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ELECTRICAL ENGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149789**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JEAN BACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 S WRIGHT RD  
 City JANESVILLE State WI Zip Code 53546-8675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HIGHVIEW IN THE WOODLANDS Occupation LPN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145044**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MILDRED S. BAHLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 S WOODS MILL RD APT 3308  
 City CHESTERFIELD State MO Zip Code 63017-3511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145047**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 616 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. CHOONG H. BAICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 19091 CROYDEN TERRACE

City IRVINE	State CA	Zip Code 92603-3538
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.147456**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MR. CHOONG H. BAICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 19091 CROYDEN TERRACE

City IRVINE	State CA	Zip Code 92603-3538
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.149933**

Amount of Each Receipt this Period  
12.00

Memo Item  
CONTRIBUTION

**C. MR. BOYD BARKER BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 304 ORCHID AVE

City CORONA DEL MAR	State CA	Zip Code 92625-3014
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WESTMONSTER SCH DISCTRICT	Occupation ELEM SCH LIBRAR
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.147129**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	462.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 617 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. BOYD BARKER BAILEY**

Mailing Address 304 ORCHID AVE

City State Zip Code  
CORONA DEL MAR CA 92625-3014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WESTMONSTER SCH DISRICT ELEM SCH LIBRAR

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.148603**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. MARY E. BAIR**

Mailing Address 2251 SPRINGPORT RD  
APT 304

City State Zip Code  
JACKSON MI 49202-1441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.143823**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARY E. BAIR**

Mailing Address 2251 SPRINGPORT RD  
APT 304

City State Zip Code  
JACKSON MI 49202-1441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.143824**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 618 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. BILLIE J. BAIRD**

Mailing Address 3902 CABEZA DE VACA CIR

City State Zip Code  
IRVING TX 75062-3802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ONE SAFE PLACE OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147347**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. VICKI BAKER**

Mailing Address 3600 VISTA VERDE TRL

City State Zip Code  
MCKINNEY TX 75070-6046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CARDIAC INFUSION SPECIALI PATIENT ADVOCAT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8466.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147980**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. VICKI BAKER**

Mailing Address 3600 VISTA VERDE TRL

City State Zip Code  
MCKINNEY TX 75070-6046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CARDIAC INFUSION SPECIALI PATIENT ADVOCAT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8466.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150352**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 619 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MISS FLORA W. BALDWIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 812 MOUNT WILLING RD  
 City EFLAND State NC Zip Code 27243-9514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146676**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. DEE BALTES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2021 NUTT RD  
 City DAYTON State OH Zip Code 45458-9382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INTERIOR DSGNR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145051**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. VICKY BARBARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8676 FEDDICK ROAD  
 City HAMBURG State NY Zip Code 14075-7008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.99

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151842**  
 Amount of Each Receipt this Period 19.99  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 419.99  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 620 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. DR. ERNEST M. BARGMEYER M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 FAIRWAY DR.  
 City MISSOULA State MT Zip Code 59803-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147228**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. DR. ERNEST M. BARGMEYER M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 FAIRWAY DR.  
 City MISSOULA State MT Zip Code 59803-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147454**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MR. LYLE D. BARRETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 EAST GRANT AVE  
 P.O. BOX 356  
 City DAYTON State PA Zip Code 16222-6019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143401**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 621 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. MARJORIE A. BASELEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 S LEEBRICK ST  
 City BURLINGTON State IA Zip Code 52601-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142115**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARJORIE A. BASELEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 S LEEBRICK ST  
 City BURLINGTON State IA Zip Code 52601-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144473**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARJORIE A. BASELEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 S LEEBRICK ST  
 City BURLINGTON State IA Zip Code 52601-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146672**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 622 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. LINDA C. BATEMAN**  
 Mailing Address 18151 30TH AVE  
 City State Zip Code  
 CHIPPEWA FALLS WI 54729-9156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146615**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. NORMA K. BATEMAN**  
 Mailing Address 5047 URBAN CREST RD  
 City State Zip Code  
 DALLAS TX 75227-2840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED R.N.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146062**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOSEPH L. BAUER**  
 Mailing Address 536 DORCHESTER DR.  
 City State Zip Code  
 DIMONDALE MI 48821-8704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141365**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 623 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. RICHARD F. BAYARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 W FEEMSTER AVE  
 City VISALIA State CA Zip Code 93277-4734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147225**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JASPER N. BAYSINGER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7902 BAYSINGER ST  
 City DOWNEY State CA Zip Code 90241-2227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143402**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. NED BEACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 LORI DR.  
 City BOONVILLE State MO Zip Code 65233-1871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142120**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 624 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. NED BEACH**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 LORI DR.

City BOONVILLE State MO Zip Code 65233-1871

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145063**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**B. MRS. BONNIE J. BEAN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1059

City SOAP LAKE State WA Zip Code 98851-1059

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.148238**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MRS. ELIZABETH L. BEARDWOOD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2105 S CYNTHIA ST  
APT A206

City MCALLEN State TX Zip Code 78503-1249

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED R.N.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146057**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 625 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BONNIE J. BEARSON-AKEN**

Full Name (Last, First, Middle Initial)  
Mailing Address 311 FAIRGROUNDS RD  
UNIT 101

City ALEXANDRIA State MN Zip Code 56308-4859

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
564.44

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147274**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MS. BONNIE J. BEARSON-AKEN**

Full Name (Last, First, Middle Initial)  
Mailing Address 311 FAIRGROUNDS RD  
UNIT 101

City ALEXANDRIA State MN Zip Code 56308-4859

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
564.44

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.148237**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MS. BONNIE J. BEARSON-AKEN**

Full Name (Last, First, Middle Initial)  
Mailing Address 311 FAIRGROUNDS RD  
UNIT 101

City ALEXANDRIA State MN Zip Code 56308-4859

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
564.44

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.151693**

Amount of Each Receipt this Period  
32.22

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	232.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 626 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RODERICK BECKETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 HELEN GREATHOUSE CIRCLE

City MIDLAND	State TX	Zip Code 79707-6148
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147273**

Amount of Each Receipt this Period  
 400.00

Memo Item  
 CONTRIBUTION

**B. MR. RODERICK BECKETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 HELEN GREATHOUSE CIRCLE

City MIDLAND	State TX	Zip Code 79707-6148
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147558**

Amount of Each Receipt this Period  
 200.00

Memo Item  
 CONTRIBUTION

**C. MR. RODERICK BECKETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 HELEN GREATHOUSE CIRCLE

City MIDLAND	State TX	Zip Code 79707-6148
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147636**

Amount of Each Receipt this Period  
 400.00

Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 627 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. HELEN M. BEDFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29425 DEEBOB  
 City NUEVO State CA Zip Code 92567-9404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145057**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. HELEN M. BEDFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29425 DEEBOB  
 City NUEVO State CA Zip Code 92567-9404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147227**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. SUSAN L. BELIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9208 HARRINGTON DR.  
 City POTOMAC State MD Zip Code 20854-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PROPERTY MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143396**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 628 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID A. BELL**

Mailing Address 2143 COUNTRY VILLA DR.

City State Zip Code  
CARROLLTON TX 75006-4715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SOUTHWEST AIRLINES PILOT INSTRUCTO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150035**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. RAY BELL**

Mailing Address 3695 GREEN ACRES DR.

City State Zip Code  
CARSON CITY NV 89705-6822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
247.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151722**

Amount of Each Receipt this Period  
29.98

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. RAY BELL**

Mailing Address 3695 GREEN ACRES DR.

City State Zip Code  
CARSON CITY NV 89705-6822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
247.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151768**

Amount of Each Receipt this Period  
22.94

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 152.92

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 629 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. RAY BELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3695 GREEN ACRES DR.  
City CARSON CITY State NV Zip Code 89705-6822  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 247.17

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.151771**  
Amount of Each Receipt this Period  
22.94  
 Memo Item  
CONTRIBUTION

**B. RAY BELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3695 GREEN ACRES DR.  
City CARSON CITY State NV Zip Code 89705-6822  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 247.17

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.151818**  
Amount of Each Receipt this Period  
19.99  
 Memo Item  
CONTRIBUTION

**C. MR. RICHARD BELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 NESTOR PEAK RD  
City WHITE SALMON State WA Zip Code 98672-8313  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.141370**  
Amount of Each Receipt this Period  
50.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	92.93
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 630 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 NESTOR PEAK RD  
 City WHITE SALMON State WA Zip Code 98672-8313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144118**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARTHA L. BELSAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 WALNUT LN  
 City WEST NEWTON State PA Zip Code 15089-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143807**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARTHA L. BELSAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 WALNUT LN  
 City WEST NEWTON State PA Zip Code 15089-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145089**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 631 OF 1531  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. SALLY BELTON**

Mailing Address 505 E HUNTLAND DR.  
SUITE 530

City State Zip Code  
AUSTIN TX 78752-3760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.150471**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GLEN E. BENEDICT**

Mailing Address 12824 ORCHARD AVE

City State Zip Code  
NAMPA ID 83651-8109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED NUCLEAR ENGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.48

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.147218**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GLEN E. BENEDICT**

Mailing Address 12824 ORCHARD AVE

City State Zip Code  
NAMPA ID 83651-8109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED NUCLEAR ENGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.48

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.148259**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 632 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. GLEN E. BENEDICT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12824 ORCHARD AVE  
 City NAMPA State ID Zip Code 83651-8109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation NUCLEAR ENGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.48

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149036**  
 Amount of Each Receipt this Period 20.16  
 Memo Item CONTRIBUTION

**B. MR. STEVEN E. BENNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4382 HIGHWAY 212  
 City MONTEVIDEO State MN Zip Code 56265-4536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SL MONTEVIDEU TECH INC Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143369**  
 Amount of Each Receipt this Period 158.00  
 Memo Item CONTRIBUTION

**C. MS. CLARISSA B. BENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 KANSAS ST  
 City SIOUX CITY State IA Zip Code 51103-5036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144484**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	278.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 633 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. RUTH J. BENSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 173 LAPIERRE AVE

City LAWNSIDE	State NJ	Zip Code 08045-1622
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LAWNSIDE BD OF EDUCATION	Occupation RET. TEACHER
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.142129**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MS. RUTH J. BENSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 173 LAPIERRE AVE

City LAWNSIDE	State NJ	Zip Code 08045-1622
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LAWNSIDE BD OF EDUCATION	Occupation RET. TEACHER
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.142975**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MR. WILLIAM J. BENTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6670 FM 1402

City MOUNT PLEASANT	State TX	Zip Code 75455
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.147547**

Amount of Each Receipt this Period  
40.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	340.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 634 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BONNIE E. BENTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 PINE WOODS CT

City READING State PA Zip Code 19607-3340

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146694**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**B. MS. MEREDITH A. BERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 914 SALLYS ALLEY N

City HUDSON State WI Zip Code 54016-1176

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.144121**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

**C. MS. MEREDITH A. BERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 914 SALLYS ALLEY N

City HUDSON State WI Zip Code 54016-1176

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146033**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 635 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. WILLIAM S. BERGER**  
 Mailing Address 3153 E VIRGINIA AVE  
 City WEST COVINA State CA Zip Code 91791-2338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143367**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT A. BERNATCHEZ**  
 Mailing Address 26 MARK CIR  
 City RUTLAND State MA Zip Code 01543-1557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142130**  
 Amount of Each Receipt this Period 53.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT A. BERNATCHEZ**  
 Mailing Address 26 MARK CIR  
 City RUTLAND State MA Zip Code 01543-1557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146692**  
 Amount of Each Receipt this Period 53.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 206.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 636 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. SUZANNE M. BERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 OAK HOLLOW LN  
 City FORT WORTH State TX Zip Code 76112-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142555**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MRS. NANCY R. BERTCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 ROUTE 60 UNIT 44  
 City GERRY State NY Zip Code 14740-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED  
 Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.48

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147981**  
 Amount of Each Receipt this Period 20.16  
 Memo Item CONTRIBUTION

**C. MS. SANDRA L. BESSELSSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4717 KAINER RD  
 City SCHULENBURG State TX Zip Code 78956-5008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COUNTRY FRESH CLEANERS  
 Occupation CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143618**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 637 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MR. ARTHUR W. BETZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2493 260 RD  
P.O. BOX 252  
City WEBBER State KS Zip Code 66970-5014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.147819**  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
CONTRIBUTION

**B. MR. ARTHUR W. BETZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2493 260 RD  
P.O. BOX 252  
City WEBBER State KS Zip Code 66970-5014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.151025**  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
CONTRIBUTION

**C. MR. JOSEPH C. BIBEAU**  
Full Name (Last, First, Middle Initial)  
Mailing Address 354 ODOMS BEND RD  
City GALLATIN State TN Zip Code 37066-6205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.145082**  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 638 OF 1531					
	(check only one)							
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ROSEMARY H. BIESIOT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address V413 COUNTY ROAD 4  
 City LIBERTY CTR State OH Zip Code 43532-9575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146988**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ROSEMARY H. BIESIOT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address V413 COUNTY ROAD 4  
 City LIBERTY CTR State OH Zip Code 43532-9575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147123**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RUDOLPH B. BITTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2313 BAYWATER RD  
 City TAVARES State FL Zip Code 32778-5613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150028**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 639 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. GEORGE O. BLACKWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1227 COOLHURST AVE  
 City SHERWOOD State AR Zip Code 72120-4803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONSERVATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143365**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MR. GEORGE O. BLACKWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1227 COOLHURST AVE  
 City SHERWOOD State AR Zip Code 72120-4803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONSERVATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144489**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MR. GEORGE O. BLACKWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1227 COOLHURST AVE  
 City SHERWOOD State AR Zip Code 72120-4803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONSERVATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146687**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 640 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARGARET C. BLACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 LILLIANS LN  
 City BAKERSVILLE State NC Zip Code 28705-7017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143366**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARGARET C. BLACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 LILLIANS LN  
 City BAKERSVILLE State NC Zip Code 28705-7017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146037**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. EMMITT BLANKENSHIP JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 68 BROWN ST  
 City LEXINGTON State TN Zip Code 38351-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLANKENSHIP HEATING & COO Occupation MANAGER HVAC CO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150348**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 641 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROY H. BLAYLOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1821 S MAIN ST  
 City GRAHAM State NC Zip Code 27253-4705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141618**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROY H. BLAYLOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1821 S MAIN ST  
 City GRAHAM State NC Zip Code 27253-4705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143622**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROY H. BLAYLOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1821 S MAIN ST  
 City GRAHAM State NC Zip Code 27253-4705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146686**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 642 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JACQUELINE L. BLEDSOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 N CONGRESS AVE  
 City KANSAS CITY State MO Zip Code 64152-2250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143364**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JACQUELINE L. BLEDSOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 N CONGRESS AVE  
 City KANSAS CITY State MO Zip Code 64152-2250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146520**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LEROY BLOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4462 E 132ND ST S  
 City GRINNELL State IA Zip Code 50112-7522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146338**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 643 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RALPH H. BOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 MCKENZIE WAY

City BELLA VISTA	State AR	Zip Code 72715-5107
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation RETIRED
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145090**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MRS. CLEO BOERSMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7061 MISTY MORNING CT SE

City CALEDONIA	State MI	Zip Code 49316-9047
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MALL CITY CONTAINERS	Occupation MANAG & SALES
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143802**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. MRS. CLEO BOERSMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7061 MISTY MORNING CT SE

City CALEDONIA	State MI	Zip Code 49316-9047
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MALL CITY CONTAINERS	Occupation MANAG & SALES
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146335**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 644 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DEBORAH A. BOGHOSIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 CORONET CT  
 City SCHENECTADY State NY Zip Code 12309-1929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ELLIS HOSPITAL Occupation MEDICAL TECH  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143362**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
 CONTRIBUTION

**B. MS. DOROTHY R. BOHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 DOMINICAN DR. APT 2301  
 City MADISON State MS Zip Code 39110-8630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.141374**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 CONTRIBUTION

**C. MS. DOROTHY R. BOHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 DOMINICAN DR. APT 2301  
 City MADISON State MS Zip Code 39110-8630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.144965**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 645 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MILODENE BOLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 8TH AVE  
 City SWEET HOME State OR Zip Code 97386-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 02 / 01 / 2016  
**Transaction ID : SA11.143803**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. M MAXINE BOLES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 928 BROOK VALLEY LN  
 City DALLAS State TX Zip Code 75232-1626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 02 / 01 / 2016  
**Transaction ID : SA11.145094**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. M MAXINE BOLES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 928 BROOK VALLEY LN  
 City DALLAS State TX Zip Code 75232-1626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 02 / 01 / 2016  
**Transaction ID : SA11.146613**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 646 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BRENDA N M BOLLWERK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20230 CAMBRIDGE WAY  
 City State Zip Code  
 PARKER CO 80138-7308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF ADVERTISEBUSSOWN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144111**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM BOLT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21261 NE 149TH PL  
 City State Zip Code  
 FORT MC COY FL 32134-5839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145102**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ANN B. BONOMI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11718 N ISLAND RD  
 City State Zip Code  
 HOLLYWOOD FL 33026-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145100**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 647 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARYALICE E. BONWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1704 VILLAGE DR.  
 City LYNDEN State WA Zip Code 98264-1283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CALSTRS RET. ESP EDU TCH  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149037**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**B. MR. E KENNETH BOOTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5720 STEWART MILL RD  
 City DOUGLASVILLE State GA Zip Code 30135-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DELTA AIRLINES CUSTOM SERVICE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144112**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DAVID BORN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 HERTHUM RD  
 City WHITESBORO State NY Zip Code 13492-2243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146987**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 520.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 648 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DAVID BORN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 HERTHUM RD  
 City WHITESBORO State NY Zip Code 13492-2243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147040**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BARBARA C. BORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 BEECHWOOD DR.  
 City SANDY HOOK State CT Zip Code 06482-1113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143373**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BARBARA C. BORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 BEECHWOOD DR.  
 City SANDY HOOK State CT Zip Code 06482-1113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145117**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 649 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. RONALD J. BOVETSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 903 WATER STREET NW  
 City BOLIVAR State OH Zip Code 44612-8485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 343.98

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149039**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RONALD J. BOVETSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 903 WATER STREET NW  
 City BOLIVAR State OH Zip Code 44612-8485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 343.98

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151117**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RONALD J. BOVETSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 903 WATER STREET NW  
 City BOLIVAR State OH Zip Code 44612-8485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 343.98

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151789**  
 Amount of Each Receipt this Period 21.99  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	321.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 650 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. SUSAN BOWDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2424 E EVANS CREEK RD  
 City ROGUE RIVER State OR Zip Code 97537-5535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FIRST STUDENT Occupation SCHOOL BUS DRIV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148581**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLARD L. BOWEN III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 NE 44TH TER  
 City OCALA State FL Zip Code 34470-1457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143372**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**C. MS. TINA G. BOWLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 FOREST TRL  
 City MONTGOMERY State AL Zip Code 36117-7534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation TEACHER RET.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142970**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 651 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. TINA G. BOWLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 FOREST TRL  
 City MONTGOMERY State AL Zip Code 36117-7534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation TEACHER RET.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149228**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. J R. BOWMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 99  
 City ERWIN State TN Zip Code 37650-0099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146019**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM BOWMAN III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 403 WOODLAND RD  
 City GAITHERSBURG State MD Zip Code 20877-2018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147214**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 652 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. SAMUEL R. BOWSHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4439 ZURMEHLY RD  
 City State Zip Code  
 LIMA OH 45806-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147213**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 CONTRIBUTION

**B. MR. SAMUEL R. BOWSHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4439 ZURMEHLY RD  
 City State Zip Code  
 LIMA OH 45806-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147459**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. GERRY K. BOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 SE 8TH PL  
 City State Zip Code  
 PRYOR OK 74361-6205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 6000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143810**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2090.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 653 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. GERRY K. BOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 SE 8TH PL  
 City State Zip Code  
 PRYOR OK 74361-6205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 6000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146348**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RONALD H. BOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 TYLER  
 City State Zip Code  
 AMARILLO TX 79101-3427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DUNCAN & BOYD JEWELERS RETAIL  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147726**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. DOROTHY BOYLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 GOODWIN ST  
 City State Zip Code  
 BRISTOL CT 06010-5115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED TEACHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 246.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143370**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 654 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. DOROTHY BOYLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 GOODWIN ST  
 City BRISTOL State CT Zip Code 06010-5115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145120**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. CLAIRE A. BRACKEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 144  
 City SPENCERTOWN State NY Zip Code 12165-0144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143375**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. CLAIRE A. BRACKEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 144  
 City SPENCERTOWN State NY Zip Code 12165-0144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148252**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 OF 1531  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. CLAIRE A. BRACKEN**  
Mailing Address P.O. BOX 144  
City State Zip Code  
SPENCERTOWN NY 12165-0144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**370.99**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 01 / 2016**  
**Transaction ID : SA11.149331**  
Amount of Each Receipt this Period  
**30.00**  
 Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. CLAIRE A. BRACKEN**  
Mailing Address P.O. BOX 144  
City State Zip Code  
SPENCERTOWN NY 12165-0144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**370.99**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 01 / 2016**  
**Transaction ID : SA11.150342**  
Amount of Each Receipt this Period  
**50.00**  
 Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. CLAIRE A. BRACKEN**  
Mailing Address P.O. BOX 144  
City State Zip Code  
SPENCERTOWN NY 12165-0144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**370.99**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 01 / 2016**  
**Transaction ID : SA11.151951**  
Amount of Each Receipt this Period  
**10.99**  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **90.99**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 656 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. JOEL R. BRADBURY**  
 Mailing Address 772 FERNDALE DR.  
 City State Zip Code  
 BIGFORK MT 59911-6518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143374**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. PATRICIA F. BRADSHAW**  
 Mailing Address 600 HOBBS RD  
 APT 102  
 City State Zip Code  
 LEAGUE CITY TX 77573-5123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145110**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MICHAEL BRAKEFIELD**  
 Mailing Address 477 LAKE DR.  
 City State Zip Code  
 MANCHESTER GA 31816-5013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151524**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 657 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. BARBARA A. BRANDLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 SETTLERS LN  
 City COLUMBUS State NJ Zip Code 08022-1133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 306.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143376**  
 Amount of Each Receipt this Period  
 102.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BARBARA A. BRANDLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 SETTLERS LN  
 City COLUMBUS State NJ Zip Code 08022-1133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 306.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145112**  
 Amount of Each Receipt this Period  
 102.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. LOUISE BRIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12719 W OMEGA DR.  
 City SUN CITY WEST State AZ Zip Code 85375-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143813**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	304.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 658 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MRS. LOUISE BRIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12719 W OMEGA DR.  
 City SUN CITY WEST State AZ Zip Code 85375-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144964**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. FRANCIS J. BRISCOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6150 RUSTIC HILLS DR.  
 City ROCKLIN State CA Zip Code 95677-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141622**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. FRANCIS J. BRISCOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6150 RUSTIC HILLS DR.  
 City ROCKLIN State CA Zip Code 95677-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142575**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 659 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. FRANCIS J. BRISCOE**  
Full Name (Last, First, Middle Initial)

Mailing Address 6150 RUSTIC HILLS DR.

City State Zip Code  
ROCKLIN CA 95677-3209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.144509**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MR. FRANCIS J. BRISCOE**  
Full Name (Last, First, Middle Initial)

Mailing Address 6150 RUSTIC HILLS DR.

City State Zip Code  
ROCKLIN CA 95677-3209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.145132**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MR. FRANCIS J. BRISCOE**  
Full Name (Last, First, Middle Initial)

Mailing Address 6150 RUSTIC HILLS DR.

City State Zip Code  
ROCKLIN CA 95677-3209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.146500**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 660 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. BEATRICE T. BRITTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 466 HIGHLAND ST  
 City S HAMILTON State MA Zip Code 01982-1320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142573**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. SUZANNE F. BROCKETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 WOODFORD DR.  
 City KELLER State TX Zip Code 76248-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146025**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. BUFORD BROOKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 133 EIGHTY OAK ST SW  
 City JACKSONVILLE State AL Zip Code 36265-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US ARMY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142963**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 661 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. BUFORD BROOKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 133 EIGHTY OAK ST SW

City JACKSONVILLE State AL Zip Code 36265-2701

FEC ID number of contributing federal political committee. **C**

Name of Employer US ARMY Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146522**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MR. FORREST BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1178

City BOONE State NC Zip Code 28607-1178

FEC ID number of contributing federal political committee. **C**

Name of Employer ASHE HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.149762**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**C. MRS. HELEN M. BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address 403 W MAIN ST

City SILVER LAKE State IN Zip Code 46982-8960

FEC ID number of contributing federal political committee. **C**

Name of Employer WARSAWCOMMUNITYHIGH SCHOOL Occupation CASHIER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147212**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 662 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MRS. HELEN M. BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address 403 W MAIN ST

City SILVER LAKE State IN Zip Code 46982-8960

FEC ID number of contributing federal political committee. **C**

Name of Employer WARSAWCOMMUNITYHIGHSCHOOL Occupation CASHIER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147395**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. MR. JOE A. BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4218 WHITSON BRANCH RD

City GREEN MTN State NC Zip Code 28740-8100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1088.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143378**

Amount of Each Receipt this Period  
338.00

Memo Item  
CONTRIBUTION

**C. MR. JOE A. BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4218 WHITSON BRANCH RD

City GREEN MTN State NC Zip Code 28740-8100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1088.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145127**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1138.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 663 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. LIONEL BROWN M.D.**  
 Mailing Address 19 SHEPARD HILL RD  
 City State Zip Code  
 NEWTOWN CT 06470-1936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DANBURY ORTHOPEDICS HAND SURGEON  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148832**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. NORMA M. BROWN**  
 Mailing Address 316 LAKE EDEN WAY  
 City State Zip Code  
 DELRAY BEACH FL 33444-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143381**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. NORMA M. BROWN**  
 Mailing Address 316 LAKE EDEN WAY  
 City State Zip Code  
 DELRAY BEACH FL 33444-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145136**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 664 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. W RAE BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 NW 16TH ST  
 City NEWCASTLE State OK Zip Code 73065-6033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143383**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MRS. SUSAN V. BRUNOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 334 W CEDAR ST  
 City NEW HOLLAND State PA Zip Code 17557-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1825.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143379**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MRS. SUSAN V. BRUNOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 334 W CEDAR ST  
 City NEW HOLLAND State PA Zip Code 17557-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1825.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143380**  
 Amount of Each Receipt this Period 375.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 665 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. SUSAN V. BRUNOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 334 W CEDAR ST  
 City NEW HOLLAND State PA Zip Code 17557-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1825.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144104**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. SUSAN V. BRUNOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 334 W CEDAR ST  
 City NEW HOLLAND State PA Zip Code 17557-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1825.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146521**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. SUSAN V. BRUNOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 334 W CEDAR ST  
 City NEW HOLLAND State PA Zip Code 17557-1202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1825.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146697**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 666 OF 1531 (check only one)
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MR. WILLIAM D. BRYANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6620 TREEMONT CT  
 City FORT WAYNE State IN Zip Code 46815-8360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147811**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM D. BRYANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6620 TREEMONT CT  
 City FORT WAYNE State IN Zip Code 46815-8360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148250**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOSEPH C. BUCCIARELLI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 SAINT JOHN ST  
 City NORWALK State CT Zip Code 06855-1110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145125**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 667 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ELDON L. BUCKNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13967 HUNT MOUNTAIN LN  
 City State Zip Code  
 BAKER CITY OR 97814-8197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RANCHER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146027**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MIKE BUCKO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 VENTURE BLVD S  
 City State Zip Code  
 POINT VENTURE TX 78645-8553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RR ISD TEACHER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 381.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151591**  
 Amount of Each Receipt this Period  
 159.38  
 Memo Item  
 CONTRIBUTION

**C. MR. MIKE BUCKO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 VENTURE BLVD S  
 City State Zip Code  
 POINT VENTURE TX 78645-8553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RR ISD TEACHER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 381.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151702**  
 Amount of Each Receipt this Period  
 31.59  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.97  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 668 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARY M. BUERGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 STONY RIDGE CT  
 City HILLSDALE State MI Zip Code 49242-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144497**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. HOWARD A. BUESCHEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 UPPER FERRY RD  
 City EWING State NJ Zip Code 08628-1527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147340**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. VERA M. BURCHETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6532 SOUTH 58TH STREET  
 City LINCOLN State NE Zip Code 68516-1426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1674.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143350**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 669 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. ERWIN L. BURKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 EARLS CT  
 UNIT 1209  
 City WILLIAMSBURG State VA Zip Code 23185-3873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147211**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. SHERRY BURKHALTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3915 HIGHWAY 5  
 City BENTON State AR Zip Code 72019-8276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142528**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. SHERRY BURKHALTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3915 HIGHWAY 5  
 City BENTON State AR Zip Code 72019-8276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147396**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 670 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MRS. WINSTON BURKHARDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24600 MARLBORO DR.  
 City DAMASCUS State MD Zip Code 20872-2245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143628**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. KATHRYN G. BURNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9804 NICHOLAS ST  
 APT 102  
 City OMAHA State NE Zip Code 68114-2169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144522**  
 Amount of Each Receipt this Period  
 3000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ALLEN B. BUSHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18840 AVENUE 22  
 City CHOWCHILLA State CA Zip Code 93610-8803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED USAF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147210**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 671 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MR. ALLEN B. BUSHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 18840 AVENUE 22

City CHOWCHILLA	State CA	Zip Code 93610-8803
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED USAF
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.147397**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. MRS. JUDITH L. BUTLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 27912 KEMPTOWN CHURCH RD

City DAMASCUS	State MD	Zip Code 20872-1565
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.142142**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. MR. NORMAN T. BYERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 REEVES DR.

City GRAND FORKS	State ND	Zip Code 58201-4913
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RET. ENGINEER
-----------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.141332**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 672 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. NORMAN T. BYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 REEVES DR.  
 City GRAND FORKS State ND Zip Code 58201-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141334**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. NORMAN T. BYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 REEVES DR.  
 City GRAND FORKS State ND Zip Code 58201-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141343**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DAVID CALKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1405 SOPLO RD SE  
 City ALBUQUERQUE State NM Zip Code 87123-4422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUNRISE MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148984**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 673 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. LYNDA L. CAMERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 170 WILDWOOD BEACH RD  
 City QUINCY State MI Zip Code 49082-9592  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149334**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. GRACE E. CAMPBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1251 STATE ROUTE 313  
 City CAMBRIDGE State NY Zip Code 12816-3128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146352**  
 Amount of Each Receipt this Period  
 3000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. HARRY CAMPBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3906 N GLEBE RD  
 City ARLINGTON State VA Zip Code 22207-4340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF LIFE INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148276**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 674 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. HARRY CAMPBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3906 N GLEBE RD  
 City ARLINGTON State VA Zip Code 22207-4340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation LIFE INSURANCE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.148850**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
**CONTRIBUTION**

**B. MS. JANET E. CAMPBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 56  
 City BUFFALO State NY Zip Code 14217-0056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143355**  
 Amount of Each Receipt this Period **225.00**  
 Memo Item  
**CONTRIBUTION**

**C. MS. DIANNE CANNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 945 CHAPPERAL RD  
 City WHITESBORO State TX Zip Code 76273-7127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED (FRITO-LAY HDQ) Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **326.44**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.149043**  
 Amount of Each Receipt this Period **20.16**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>295.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 675 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DIANNE CANNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 945 CHAPPERAL RD  
 City WHITESBORO State TX Zip Code 76273-7127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED (FRITO-LAY HDQ) Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.44

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151237**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MS. DIANNE CANNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 945 CHAPPERAL RD  
 City WHITESBORO State TX Zip Code 76273-7127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED (FRITO-LAY HDQ) Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.44

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151432**  
 Amount of Each Receipt this Period 20.16  
 Memo Item CONTRIBUTION

**C. MR. JOE ED CANON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 TIQUEWOOD CIR  
 City ABILENE State TX Zip Code 79605-4937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DODGE JONES FOUNDATION Occupation FINANCIAL MANAG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148279**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 676 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MR. JOE ED CANON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 TIQUEWOOD CIR  
 City ABILENE State TX Zip Code 79605-4937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DODGE JONES FOUNDATION Occupation FINANCIAL MANAG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150048**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. HELEN J. CANTRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1607 S OAK ST  
 City OTTAWA State KS Zip Code 66067-3921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142531**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. DOROTHY G. CAPPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5552 N LYDELL AVE  
 City MILWAUKEE State WI Zip Code 53217-5041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143353**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 677 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. DOROTHY G. CAPPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5552 N LYDELL AVE  
 City MILWAUKEE State WI Zip Code 53217-5041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145143**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JOYCE P. CARACCI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5018 RIVERWOOD CIR  
 City JACKSON State MS Zip Code 39211-4739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143796**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JEAN F. CARLTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 FOLLY ROAD BLVD  
 City CHARLESTON State SC Zip Code 29407-7509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150052**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	506.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 678 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. HOWARD H. CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8000 CREEKSIDE DR.  
 City WINDSOR State CA Zip Code 95492-8754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation AGRIC FINANCING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 677.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142993**  
 Amount of Each Receipt this Period 169.00  
 Memo Item CONTRIBUTION

**B. MS. J STANLEY CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13791 PURDY ST  
 City GARDEN GROVE State CA Zip Code 92844-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.16

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145146**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. MS. J STANLEY CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13791 PURDY ST  
 City GARDEN GROVE State CA Zip Code 92844-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.16

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148280**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 294.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 679 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. J STANLEY CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13791 PURDY ST  
 City State Zip Code  
 GARDEN GROVE CA 92844-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149045**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**B. MS. J STANLEY CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13791 PURDY ST  
 City State Zip Code  
 GARDEN GROVE CA 92844-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149516**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. SHIRLEY T. CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 566 SAN REMO CIR  
 City State Zip Code  
 INVERNESS FL 34450-4348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150053**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.32  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 680 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. TONY CARRILLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 BELMONTE LN  
 City EVERETT State WA Zip Code 98201-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EVERGREENHEALTH Occupation DIRECTOR, SUPPL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147662**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MR. TONY CARRILLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 BELMONTE LN  
 City EVERETT State WA Zip Code 98201-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EVERGREENHEALTH Occupation DIRECTOR, SUPPL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148042**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item  
 CONTRIBUTION

**C. MR. TONY CARRILLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 BELMONTE LN  
 City EVERETT State WA Zip Code 98201-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EVERGREENHEALTH Occupation DIRECTOR, SUPPL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148852**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	97.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 681 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. TONY CARRILLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 BELMONTE LN  
 City EVERETT State WA Zip Code 98201-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EVERGREENHEALTH Occupation DIRECTOR, SUPPL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149517**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. BRIGITTA CARTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3313 LEE ST  
 City SKOKIE State IL Zip Code 60076-2423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 309.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141624**  
 Amount of Each Receipt this Period 103.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BRIGITTA CARTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3313 LEE ST  
 City SKOKIE State IL Zip Code 60076-2423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 309.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141859**  
 Amount of Each Receipt this Period 103.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 218.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 682 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. JAY W. CARTER JR.</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2016
Mailing Address 2730 COMMERCE ST STE 500		<b>Transaction ID : SA11.147810</b>
City WICHITA FALLS	State TX	Zip Code 76301-8066
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer CARTER AVIATION	Occupation CEO	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JAY W. CARTER JR.</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2016
Mailing Address 2730 COMMERCE ST STE 500		<b>Transaction ID : SA11.149222</b>
City WICHITA FALLS	State TX	Zip Code 76301-8066
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer CARTER AVIATION	Occupation CEO	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JAY W. CARTER JR.</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2016
Mailing Address 2730 COMMERCE ST STE 500		<b>Transaction ID : SA11.150739</b>
City WICHITA FALLS	State TX	Zip Code 76301-8066
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer CARTER AVIATION	Occupation CEO	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 683 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAY W. CARTER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2730 COMMERCE ST  
 STE 500  
 City WICHITA FALLS State TX Zip Code 76301-8066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARTER AVIATION Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151120**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. LILY M. CARVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1002 HICKORY LOG DR.  
 APT 13  
 City DEXTER State MO Zip Code 63841-2723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145168**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. LILY M. CARVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1002 HICKORY LOG DR.  
 APT 13  
 City DEXTER State MO Zip Code 63841-2723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145996**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 684 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. DR. STEPHEN W. CARVETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6200 BLACK FOREST DR.  
 City LINCORN State NE Zip Code 68516-2392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147630**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. DR. STEPHEN W. CARVETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6200 BLACK FOREST DR.  
 City LINCORN State NE Zip Code 68516-2392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147802**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARY RUTH CASE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 MAPLE LN  
 City WASHINGTON State IA Zip Code 52353-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF( )  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 332.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147119**  
 Amount of Each Receipt this Period 83.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	233.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 685 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARY RUTH CASE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 MAPLE LN  
 City WASHINGTON State IA Zip Code 52353-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 332.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147536**  
 Amount of Each Receipt this Period  
 83.00  
 Memo Item  
 CONTRIBUTION

**B. PATT CAVANAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7850 EL SENDERO APT 10  
 City SCOTTSDALE State AZ Zip Code 85266-1217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149216**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIS G. CAVNAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19100 SE 89TH ST  
 City NEWALLA State OK Zip Code 74857-7949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 209.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141392**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 389.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 686 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. GIUSEPPE CECCHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1209 ALDEBARAN DR.  
 City State Zip Code  
 MC LEAN VA 22101-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IDI GROUP COMPANIES CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147208**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN CERVIN JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815A HILLTOP AVE EXT  
 City State Zip Code  
 ABINGDON MD 21009-1306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 278.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141281**  
 Amount of Each Receipt this Period  
 113.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOHN CERVIN JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815A HILLTOP AVE EXT  
 City State Zip Code  
 ABINGDON MD 21009-1306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 278.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141333**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 698.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 687 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MR. JOHN CERVIN JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815A HILLTOP AVE EXT  
 City ABINGDON State MD Zip Code 21009-1306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147118**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 CONTRIBUTION

**B. MR. BENJAMIN G. CHAPMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 LAKECREST LN  
 City GROSE POINTE FARM State MI Zip Code 48236-3714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143358**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MS. PATRICIA CHELSETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2772 PONDEROSA RD  
 City SHINGLE SPRINGS State CA Zip Code 95682-9423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148843**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 688 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. PATRICIA CHELSETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2772 PONDEROSA RD  
 City SHINGLE SPRINGS State CA Zip Code 95682-9423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.08

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150826**  
 Amount of Each Receipt this Period 20.16  
 Memo Item CONTRIBUTION

**B. MS. PATRICIA CHELSETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2772 PONDEROSA RD  
 City SHINGLE SPRINGS State CA Zip Code 95682-9423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.08

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151741**  
 Amount of Each Receipt this Period 26.88  
 Memo Item CONTRIBUTION

**C. MS. RUBY CHOI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 4877  
 City FOSTER CITY State CA Zip Code 94404-0877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PROPERTY MNGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146714**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	247.04
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 689 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JEAN CHRISTENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10739 WHEELER RD

City State Zip Code  
CENTRAL POINT OR 97502-9391

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STATE TEACHERS RETIREMENT RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.64**

Date of Receipt  
**02 / 01 / 2016**

**Transaction ID : SA11.147122**

Amount of Each Receipt this Period  
**25.00**

Memo Item CONTRIBUTION

**B. MS. JEAN CHRISTENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10739 WHEELER RD

City State Zip Code  
CENTRAL POINT OR 97502-9391

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STATE TEACHERS RETIREMENT RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.64**

Date of Receipt  
**02 / 01 / 2016**

**Transaction ID : SA11.147464**

Amount of Each Receipt this Period  
**25.00**

Memo Item CONTRIBUTION

**C. MS. JEAN CHRISTENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10739 WHEELER RD

City State Zip Code  
CENTRAL POINT OR 97502-9391

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STATE TEACHERS RETIREMENT RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.64**

Date of Receipt  
**02 / 01 / 2016**

**Transaction ID : SA11.148102**

Amount of Each Receipt this Period  
**20.16**

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **70.16**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 690 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. JEAN CHRISTENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10739 WHEELER RD

City CENTRAL POINT State OR Zip Code 97502-9391

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE TEACHERS RETIREMENT Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.149648**

Amount of Each Receipt this Period  
 20.16

Memo Item CONTRIBUTION

**B. MS. JEAN CHRISTENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10739 WHEELER RD

City CENTRAL POINT State OR Zip Code 97502-9391

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE TEACHERS RETIREMENT Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.150061**

Amount of Each Receipt this Period  
 20.16

Memo Item CONTRIBUTION

**C. MR. JOHN CHRISTIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 740 COURTNEY AVE

City MORGANTOWN State WV Zip Code 26501-5300

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145178**

Amount of Each Receipt this Period  
 250.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.32
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 691 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. STANLEY D. CHRISTENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2087 WINDMILL VIEW RD  
 City State Zip Code  
 EL CAJON CA 92020-1351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CITY OF SAN DIEGO, CA RT FIRE FIGHTER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142149**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. STANLEY D. CHRISTENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2087 WINDMILL VIEW RD  
 City State Zip Code  
 EL CAJON CA 92020-1351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CITY OF SAN DIEGO, CA RT FIRE FIGHTER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144537**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MACIE CLAPP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2118 ANTIBES DR.  
 City State Zip Code  
 CARROLLTON TX 75006-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142985**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 692 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. MACIE CLAPP**

Mailing Address 2118 ANTIBES DR.

City State Zip Code  
CARROLLTON TX 75006-4326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147337**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID CLARK**

Mailing Address 3180 HOLMES HOLLOW RD

City State Zip Code  
DELHI NY 13753-2220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145166**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RICHARD L. CLARK**

Mailing Address 575 HOLLAND DR.

City State Zip Code  
FORTSON GA 31808-3707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147539**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2800.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 693 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BOBBIE S. COFFEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1204 CHEYENNE AVE  
 City CANADIAN State TX Zip Code 79014-3213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141857**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DORIS COFONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4710 THOM RD  
 City MEBANE State NC Zip Code 27302-9258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147282**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LYNNE COLLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 QUAIL XING  
 City MORAGA State CA Zip Code 94556-2635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145162**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 694 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARY S. COLLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7460 LAKE BREEZE DR.  
 APT 134  
 City FORT MYERS State FL Zip Code 33907-8094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.145161**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item CONTRIBUTION

**B. MR. WILLIAM A. COLLINGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13417 BLENFIELD RD  
 City PHOENIX State MD Zip Code 21131-2216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.147806**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item CONTRIBUTION

**C. MRS. JOAN D. COOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12078 DRAKE ST NW  
 City COON RAPIDS State MN Zip Code 55448-1920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.147532**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 695 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DIRCK V V COON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 331 SEPARATE RD  
 City AMENIA State NY Zip Code 12501-5016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. DAIRY FARM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141401**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. MRS. EVA F. COSBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 VANN CIR  
 City TRUSSVILLE State AL Zip Code 35173-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143335**  
 Amount of Each Receipt this Period 106.00  
 Memo Item CONTRIBUTION

**C. MRS. EVA F. COSBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 VANN CIR  
 City TRUSSVILLE State AL Zip Code 35173-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145192**  
 Amount of Each Receipt this Period 106.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	412.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 696 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT S. COULTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 E DEERFIELD ST  
 City SPRINGFIELD State MO Zip Code 65807-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US MARINE CORPS Occupation RET. MILITARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143334**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT S. COULTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 E DEERFIELD ST  
 City SPRINGFIELD State MO Zip Code 65807-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US MARINE CORPS Occupation RET. MILITARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146727**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BILLIE J. CRAMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2106 W PRINCETON DR.  
 City ENNIS State TX Zip Code 75119-2158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145982**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 697 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. WAYNE O. CRANDALL**  
 Mailing Address 511 HENLEY DR.  
 City State Zip Code  
 NAPLES FL 34104-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 U S A F RET. OFFICER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145181**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. BEVERLY T. CRANSTON**  
 Mailing Address 11408 SEAGLADE DR.  
 City State Zip Code  
 PENSACOLA FL 32507-9164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143345**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. BEVERLY T. CRANSTON**  
 Mailing Address 11408 SEAGLADE DR.  
 City State Zip Code  
 PENSACOLA FL 32507-9164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145183**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 698 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. KENT J. CRAVER**  
 Mailing Address 309 E ROBINWOOD ST  
 City State Zip Code  
 SIDNEY OH 45365-1655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MUTUAL FEDERAL SAV. BANK BANKING  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146364**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. BETTY R. CRAWFORD**  
 Mailing Address 601 ASPEN TRL  
 City State Zip Code  
 MUSCATINE IA 52761-2873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143346**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DENNIS W. CRAWFORD**  
 Mailing Address 1106 MOONLIGHT SUMMIT DR.  
 City State Zip Code  
 DIAMOND BAR CA 91765-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148287**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 699 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. DENNIS W. CRAWFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1106 MOONLIGHT SUMMIT DR.

City DIAMOND BAR	State CA	Zip Code 91765-1126
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.22

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.151605**

Amount of Each Receipt this Period  
69.95

Memo Item  
CONTRIBUTION

**B. MR. JOHN CRAWFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2434 CULLEYWOOD RD

City JACKSON	State MS	Zip Code 39211-4916
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation RET. LAWYER
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.144956**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C. MR. EDWIN D. CRIM**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 MASONIC DR.  
APT 3G

City SPRINGFIELD	State OH	Zip Code 45504-3683
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.143788**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3369.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 700 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JUDITH H. CROCKETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21312 TARRACO  
 City MISSION VIEJO State CA Zip Code 92692-5921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.144540**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
**CONTRIBUTION**

**B. EMILIA A. CROOKSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5712 N 24TH ST  
 City KALAMAZOO State MI Zip Code 49004-8684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.146529**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. ROBERT H. CROSSMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8201 ARBOR CT  
 City FORT MYERS State FL Zip Code 33908-2866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143789**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 701 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JUDITH H. CROW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3170 WOODLEIGH LN  
 City CAMERON PARK State CA Zip Code 95682-8127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FREMONT UNIFIED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143340**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JUDITH H. CROW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3170 WOODLEIGH LN  
 City CAMERON PARK State CA Zip Code 95682-8127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FREMONT UNIFIED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145185**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. JEAN F. CROWDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7352 BELLEVILLE LANE  
 P.O. BOX 121  
 City WARE NECK State VA Zip Code 23178-0121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142998**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 702 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LEONARD CUDZILO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19W269 WILLIAMSBURG CT  
 City OAK BROOK State IL Zip Code 60523-1045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149346**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. MR. LEONARD CUDZILO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19W269 WILLIAMSBURG CT  
 City OAK BROOK State IL Zip Code 60523-1045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149347**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. DR. ROBERT C. CULPEPPER M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 PARK PLACE DR.  
 City ALEXANDRIA State LA Zip Code 71301-3947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PREMIER PEDIATRIC CLINIC Occupation PEDIATRICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143793**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 703 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. ROBERT C. CULPEPPER M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 PARK PLACE DR.

City ALEXANDRIA State LA Zip Code 71301-3947

FEC ID number of contributing federal political committee. **C**

Name of Employer PREMIER PEDIATRIC CLINIC Occupation PEDIATRICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.144066**

Amount of Each Receipt this Period  
 2000.00

Memo Item  
CONTRIBUTION

**B. DR. ROBERT C. CULPEPPER M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 PARK PLACE DR.

City ALEXANDRIA State LA Zip Code 71301-3947

FEC ID number of contributing federal political committee. **C**

Name of Employer PREMIER PEDIATRIC CLINIC Occupation PEDIATRICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145974**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

**C. MRS. AMY H. CULVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 YEARLING CT

City IRMO State SC Zip Code 29063-2939

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143336**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 704 OF 1531
	(check only one)	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. AMY H. CULVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 YEARLING CT  
 City IRMO State SC Zip Code 29063-2939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144067**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

**B. MRS. ELIZABETH CUMMINGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 COLEGATE DR.  
 City MARIETTA State OH Zip Code 45750-1504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PIANO TEACHER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **213.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147529**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

**C. MR. GARY W. CUMMINGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41234 SEA ISLAND COURT NW  
 City TEMECULA State CA Zip Code 92591-3998  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145972**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 705 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CARLENE CURLEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5344 HOPGOOD RD  
 City ACWORTH State GA Zip Code 30102-2428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143791**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MS. CARLENE CURLEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5344 HOPGOOD RD  
 City ACWORTH State GA Zip Code 30102-2428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149214**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item  
 CONTRIBUTION

**C. MS. CARLENE CURLEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5344 HOPGOOD RD  
 City ACWORTH State GA Zip Code 30102-2428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150323**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 706 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CARLENE CURLEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5344 HOPGOOD RD

City ACWORTH State GA Zip Code 30102-2428

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.150324**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. MR. JAMES E. CURLEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1104 HAZELTINE LN NW

City KENNESAW State GA Zip Code 30152-4742

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.141282**

Amount of Each Receipt this Period  
225.00

Memo Item  
CONTRIBUTION

**C. ARLIS S. CURTIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 10050 W ROYAL OAK RD  
APT K

City SUN CITY State AZ Zip Code 85351-3137

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143338**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 707 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ROBERTA DAGOSTINO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2377 NE WINTERGREEN DR.

City BEND State OR Zip Code 97701-7660

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. R N

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
Transaction ID : SA11.144068

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. MR. DENNIS DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3316 PEPPERS BRIDGE RD

City WALLA WALLA State WA Zip Code 99362-7003

FEC ID number of contributing federal political committee. **C**

Name of Employer COLLEGE PLACE HEATING & A Occupation CONTRACTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
Transaction ID : SA11.143330

Amount of Each Receipt this Period 150.00

Memo Item CONTRIBUTION

**C. MR. DENNIS DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3316 PEPPERS BRIDGE RD

City WALLA WALLA State WA Zip Code 99362-7003

FEC ID number of contributing federal political committee. **C**

Name of Employer COLLEGE PLACE HEATING & A Occupation CONTRACTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
Transaction ID : SA11.145214

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 708 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GREGG DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1776 KOLOB DR.

City State Zip Code  
FAIRFIELD CA 94534-2923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SUTTER HEALTH ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.150737**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. MRS. JANE D. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 13700 N GAYTON RD  
APT 110

City State Zip Code  
HENRICO VA 23233-7069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.144054**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. MRS. JUANITA M. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 10606 W ATLANTA CIR

City State Zip Code  
WICHITA KS 67215-3010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OCPS PUB SCHOOL RET. SCH TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.144950**

Amount of Each Receipt this Period  
55.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	355.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 709 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. REBECCA S. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 985 BLACKBOTTOM RD

City LIBERTY State SC Zip Code 29657-9170

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1048.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143777**

Amount of Each Receipt this Period  
424.00

Memo Item  
CONTRIBUTION

**B. MRS. REBECCA S. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 985 BLACKBOTTOM RD

City LIBERTY State SC Zip Code 29657-9170

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1048.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145229**

Amount of Each Receipt this Period  
212.00

Memo Item  
CONTRIBUTION

**C. MR. ROBERT W. DE LISLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 31458 RIVER DR.

City MILLVILLE State DE Zip Code 19970-3882

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146719**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	736.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 710 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EDWARD DE NEVE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1828 POWESHIEK IOWA RD  
 City VICTOR State IA Zip Code 52347-8547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145991**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RON DE WEERD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 18TH AVE SE  
 City ROCK VALLEY State IA Zip Code 51247-1600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FOODS RESOURCE BANK Occupation DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.32

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150492**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RON DE WEERD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 18TH AVE SE  
 City ROCK VALLEY State IA Zip Code 51247-1600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FOODS RESOURCE BANK Occupation DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.32

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150830**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 711 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JOY A. DEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 W WILSON BLVD  
 City HAGERSTOWN State MD Zip Code 21740-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143631**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MRS. EDITH A. DEEGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25651 WHISPERING TREES WAY  
 City VALENCIA State CA Zip Code 91355-2434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144556**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**C. MS. MARILYN K. DEFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 W HILLSIDE AVE  
 City SPENCER State IN Zip Code 47460-1341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INSURANCE SERVICES INC Occupation P/T CLERICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141638**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 712 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARILYN K. DEFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 W HILLSIDE AVE  
 City SPENCER State IN Zip Code 47460-1341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INSURANCE SERVICES INC Occupation P/T CLERICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141841**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARILYN K. DEFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 W HILLSIDE AVE  
 City SPENCER State IN Zip Code 47460-1341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INSURANCE SERVICES INC Occupation P/T CLERICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144052**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARILYN K. DEFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 W HILLSIDE AVE  
 City SPENCER State IN Zip Code 47460-1341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INSURANCE SERVICES INC Occupation P/T CLERICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144053**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 713 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARILYN K. DEFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 W HILLSIDE AVE  
 City SPENCER State IN Zip Code 47460-1341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INSURANCE SERVICES INC Occupation P/T CLERICAL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.146358**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT MICHAEL DELANEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 JEFFERSON ST  
 City GARDEN CITY State NY Zip Code 11530-3914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **235.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.147206**  
 Amount of Each Receipt this Period **10.00**  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT MICHAEL DELANEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 JEFFERSON ST  
 City GARDEN CITY State NY Zip Code 11530-3914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **235.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.147333**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 714 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GEORGE B. DELAPLAINE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11732 OLD ANNAPOLIS RD  
 City State Zip Code  
 FREDERICK MD 21701-3430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED FINANCE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143321**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GEORGE B. DELAPLAINE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11732 OLD ANNAPOLIS RD  
 City State Zip Code  
 FREDERICK MD 21701-3430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED FINANCE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150498**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JACQUELINE DEN BREEJEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37 FREDON-MARKSBORO RD  
 City State Zip Code  
 NEWTON NJ 07860-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CBS DE AKKER TEACHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149650**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 715 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID DEROSE**

Mailing Address **2949 W TILGHMAN ST**

City **ALLENTOWN** State **PA** Zip Code **18104-4254**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LES** Occupation **OPHTHALMOLOGY**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.148060**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. JOSEPH DEROSA**

Mailing Address **7613 W STATE ST**

City **WAUWATOSA** State **WI** Zip Code **53213-2638**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DEROSA CORPORATION** Occupation **CEO**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.149755**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MRS. BEVERLEY G. DERR**

Mailing Address **39 BITLER RD**

City **MILLVILLE** State **PA** Zip Code **17846-9265**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.149807**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 716 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. RUTH DESETTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 148 HAYWOOD VALLEY RD  
 City ARMUCHEE State GA Zip Code 30105-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143320**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JEANETTE DETERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3204 E MEADOW LANE  
 City DECATUR State IL Zip Code 62521-2334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142496**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. EDWIN L. DEVILBISS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 SPARTINA POINT DR.  
 City HILTON HEAD ISLAND State SC Zip Code 29926-1077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143017**  
 Amount of Each Receipt this Period  
 4000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 717 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. S/SGT RICHARD L. DEVRIES USAF RET.**

Full Name (Last, First, Middle Initial)  
Mailing Address 761 PATTERNS DR. SW

City	State	Zip Code
MABLETON	GA	30126-1664

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	HEALTH TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.143775**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. S/SGT RICHARD L. DEVRIES USAF RET.**

Full Name (Last, First, Middle Initial)  
Mailing Address 761 PATTERNS DR. SW

City	State	Zip Code
MABLETON	GA	30126-1664

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	HEALTH TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.144057**

Amount of Each Receipt this Period  
1.00

Memo Item  
CONTRIBUTION

**C. S/SGT RICHARD L. DEVRIES USAF RET.**

Full Name (Last, First, Middle Initial)  
Mailing Address 761 PATTERNS DR. SW

City	State	Zip Code
MABLETON	GA	30126-1664

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	HEALTH TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.146605**

Amount of Each Receipt this Period  
1.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	102.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 718 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GONZALO E. DIAZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 5520 SW 72ND AVE

City MIAMI State FL Zip Code 33155-5517

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143325**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

**B. MS. NORMA E. DIBBLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4001 PTARMIGAN PIAZZA

City GRAND JUNCTION State CO Zip Code 81506-8446

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143326**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

**C. MS. RHONDA E. DICKEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 12618 3RD ST  
APT 49

City YUCAIPA State CA Zip Code 92399-4545

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147533**

Amount of Each Receipt this Period  
 25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 719 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. SUZANNE R. DICKSON**  
 Mailing Address 3014 KEY HARBOR DR.  
 City State Zip Code  
 SAFETY HARBOR FL 34695-5129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC RT EDU. AUTHOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144058**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. CHARLES T. DILTS**  
 Mailing Address 11 STATE ROUTE 309  
 City State Zip Code  
 ADA OH 45810-9428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145202**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. GLADYS E. DOANE**  
 Mailing Address 3 BROADVIEW  
 City State Zip Code  
 KIRKSVILLE MO 63501-2758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144020**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1080.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 720 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. FRED D. DOE LLC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 600 CANONCITO DR.  
City ROSWELL State NM Zip Code 88201-1313  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.146383**  
Amount of Each Receipt this Period **250.00**  
 Memo Item  
CONTRIBUTION

**B. MRS. CAROL DOIRON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5968 ROLLINGSFJORD DR.  
City LIBERTY TWP State OH Zip Code 45011-9370  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.142175**  
Amount of Each Receipt this Period **100.00**  
 Memo Item  
CONTRIBUTION

**C. MRS. CAROL DOIRON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5968 ROLLINGSFJORD DR.  
City LIBERTY TWP State OH Zip Code 45011-9370  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.145284**  
Amount of Each Receipt this Period **100.00**  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 721 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT J. DOMINIX**

Mailing Address 4756 PINTAIL DR.

City TALLAHASSEE	State FL	Zip Code 32317-8404
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation ELECTRICAN
-----------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145282**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. SUZANNE H. DONALDSON**

Mailing Address 226 MOLASSES LN

City MT PLEASANT	State SC	Zip Code 29464-2519
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145283**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. NELLIE L. DOTSON**

Mailing Address 3415 EVENINGSIDE DRIVE NW

City CLEVELAND	State TN	Zip Code 37312-2510
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146382**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 722 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SYLVIA DOWNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 S HAWK DR.  
 City RAINBOW CITY State AL Zip Code 35906-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143042**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. SYLVIA DOWNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 S HAWK DR.  
 City RAINBOW CITY State AL Zip Code 35906-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146759**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MS. SYLVIA DOWNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 S HAWK DR.  
 City RAINBOW CITY State AL Zip Code 35906-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151749**  
 Amount of Each Receipt this Period  
 25.93  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 723 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LOIS E. DOWNING**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 806

City STURGEON BAY State WI Zip Code 54235-0806

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147793**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. MR. JOHN H. DOWNS**  
Full Name (Last, First, Middle Initial)

Mailing Address 29158 COUNTY HIGHWAY 26

City DETROIT LAKES State MN Zip Code 56501-7816

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143291**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. PRUDY DREW**  
Full Name (Last, First, Middle Initial)

Mailing Address 1615 FAIRVIEW AVE

City WENATCHEE State WA Zip Code 98801-6821

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143751**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 724 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ALEXANDER DROZDIAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3201 COULTER RD  
 City WHITE OAK State PA Zip Code 15131-3211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143293**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ALEXANDER DROZDIAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3201 COULTER RD  
 City WHITE OAK State PA Zip Code 15131-3211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145276**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION

**C. BARBARA DUKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1555 GILSTRAP AVE  
 City GRIDLEY State CA Zip Code 95948-9764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149660**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 725 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM V. DUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41964 ELSMERE RD  
 City AINSWORTH State NE Zip Code 69210-1752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143292**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. PATRICIA DURBIN-HOTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 PRINCETON DR.  
 City COSTA MESA State CA Zip Code 92626-6163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144610**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LAUREL J. DURKEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5700 N PROGRESS RD  
 City SPOKANE State WA Zip Code 99216-3040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141412**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 726 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN G. DURKOVIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2620 FOREST LK  
 City SANTA ANA State CA Zip Code 92705-6924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PACIFIC SW DISTRICT LCMS Occupation LUTHERANCLERGYM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148517**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. LESLIE DUTTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 BUZZELL ROAD  
 City BIDDEFORD State ME Zip Code 04005-9357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation SPIRITUAL COUNSELOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.98

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151593**  
 Amount of Each Receipt this Period 106.99  
 Memo Item  
 CONTRIBUTION

**C. MRS. ELVA W. EASTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 682 ANGLINE DR.  
 City YOUNGSTOWN State OH Zip Code 44512-6572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143761**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	306.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 727 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. ELVA W. EASTON**

Mailing Address **682 ANGLINE DR.**

City State Zip Code  
**YOUNGSTOWN OH 44512-6572**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.144607**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MS. DELOIS A. EDDY**

Mailing Address **1202 VIEW STREET**

City State Zip Code  
**MORRILTON AR 72110-3723**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.147200**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MS. DELOIS A. EDDY**

Mailing Address **1202 VIEW STREET**

City State Zip Code  
**MORRILTON AR 72110-3723**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.147409**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 728 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. LEE RAY EDENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2605 COTTONWOOD RD

City GRAND ISLAND State NE Zip Code 68801-7545

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143760**

Amount of Each Receipt this Period  
 200.00

Memo Item  
 CONTRIBUTION

**B. LEE RAY EDENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2605 COTTONWOOD RD

City GRAND ISLAND State NE Zip Code 68801-7545

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145913**

Amount of Each Receipt this Period  
 150.00

Memo Item  
 CONTRIBUTION

**C. MS. GRACE MARY EDERER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7500 YORK AVE S  
APT 817

City MINNEAPOLIS State MN Zip Code 55435-4758

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.141642**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 729 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. GRACE MARY EDERER**

Full Name (Last, First, Middle Initial)  
Mailing Address 7500 YORK AVE S  
APT 817

City State Zip Code  
MINNEAPOLIS MN 55435-4758

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.142182**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**B. MS. GRACE MARY EDERER**

Full Name (Last, First, Middle Initial)  
Mailing Address 7500 YORK AVE S  
APT 817

City State Zip Code  
MINNEAPOLIS MN 55435-4758

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.145297**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**C. MS. GRACE MARY EDERER**

Full Name (Last, First, Middle Initial)  
Mailing Address 7500 YORK AVE S  
APT 817

City State Zip Code  
MINNEAPOLIS MN 55435-4758

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.146753**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 730 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)  
**The 2016 Committee**

**A. MS. GRACE MARY EDERER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 YORK AVE S  
 APT 817  
 City MINNEAPOLIS State MN Zip Code 55435-4758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146754**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. PHYLLIS J. EDEWARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3309 E CANE DR.  
 City KINGMAN State AZ Zip Code 86409-8459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.16

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146755**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. THOMAS EDWARDS III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1082 PATTERSON MILL DR.  
 City MARTIN State SC Zip Code 29836-2520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146752**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 731 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT J. EGLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2681 CAMERON PARK DR.  
 SPC 90  
 City CAMERON PARK State CA Zip Code 95682-8840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation TRUCK MECHANIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143296**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT J. EGLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2681 CAMERON PARK DR.  
 SPC 90  
 City CAMERON PARK State CA Zip Code 95682-8840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation TRUCK MECHANIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145289**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. JOHN EKWALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42185 VISTA RDG  
 City PARKER State CO Zip Code 80138-4544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation LOCKS & ALARMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148085**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 732 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARVIS C. ELFERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3310 HAVEN HILL RD  
 City SPRINGFIELD State OH Zip Code 45502-8691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation SPEECH LANG PAT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1900.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143753**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
**CONTRIBUTION**

**B. MRS. NORMA C. ELLINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1227 W BARKER AVE  
 City PEORIA State IL Zip Code 61606-1705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143757**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
**CONTRIBUTION**

**C. MS. SANDRA L. ELLIOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3069 WOODLAND PL  
 City AKRON State OH Zip Code 44312-5057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ADULT FOSTER CA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.145294**  
 Amount of Each Receipt this Period **400.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 733 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SANDRA L. ELLIOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3069 WOODLAND PL  
 City AKRON State OH Zip Code 44312-5057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ADULT FOSTER CA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149189**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. COL FREDERICK C. ENGELMAN JR. USAF R**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 748 GREY EAGLE CIR S  
 City COLORADO SPRINGS State CO Zip Code 80919-1614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation P/T VOLUNTEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146376**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. DR. GLENN F. ENGEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 965 SE DATE AVE  
 City COLLEGE PLACE State WA Zip Code 99324-1634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144616**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 734 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. TOM M. ENGLISH**  
Full Name (Last, First, Middle Initial)

Mailing Address 13915 SW FLORENTINE AVE

City PORTLAND State OR Zip Code 97223-0694

FEC ID number of contributing federal political committee. **C**

Name of Employer NW RUBBER EX. Occupation SALES MGNR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143642**

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

**B. MS. KATHLEEN C. ENTWISLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 10451 BELLS FERRY RD APT 1112

City CANTON State GA Zip Code 30114-1294

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147290**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**C. HOLLIS J. EPPARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2592 TOMS RD

City BARBOURSVILLE State VA Zip Code 22923-2526

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141644**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 735 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. PAMELA J. EPPLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12075 LEWIS RD  
 City BRANCHVILLE State IN Zip Code 47514-9022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MARY KAY Occupation SALES DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144615**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. CONSTANCE L. ESTES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5434 E LINCOLN DR. APT 44  
 City PARADISE VALLEY State AZ Zip Code 85253-4118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143290**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DEBORAH BULLARD ETHERIEDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 MEMORY LN  
 City HAYDEN State AL Zip Code 35079-4465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150530**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	610.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 736 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. DEBORAH BULLARD ETHERIEDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 MEMORY LN  
 City HAYDEN State AL Zip Code 35079-4465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151005**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN PALMER EVANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 458  
 City INDIANOLA State WA Zip Code 98342-0458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CONNX SOLUTIONS Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145934**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD EVANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 EVANSVILLE LN  
 City RHINEBECK State NY Zip Code 12572-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147198**  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1850.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 737 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. RICHARD EVANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 EVANSVILLE LN  
 City RHINEBECK State NY Zip Code 12572-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF SELF EMPLOYED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147323**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ANNABELLE EVERETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 ARMBRUSTER CT  
 City FROSTPROOF State FL Zip Code 33843-9556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED R.N.  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143746**  
 Amount of Each Receipt this Period  
 115.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JEAN L. EVVARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 WEEKS RD  
 City GILFORD State NH Zip Code 03249-6831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOME  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143643**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1215.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 738 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MRS. JEAN L. EVVARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 WEEKS RD  
 City State Zip Code  
 GILFORD NH 03249-6831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOME  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144611**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. BOB J. EWERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 W MIDDLE ST  
 City State Zip Code  
 REDWOOD FALLS MN 56283-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147470**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. BOB J. EWERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 W MIDDLE ST  
 City State Zip Code  
 REDWOOD FALLS MN 56283-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147628**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 739 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. MAYNARD M. EYESTONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2803 E WINGER RD  
 City MEAD State WA Zip Code 99021-9618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147199**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MAYNARD M. EYESTONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2803 E WINGER RD  
 City MEAD State WA Zip Code 99021-9618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147289**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MAYNARD M. EYESTONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2803 E WINGER RD  
 City MEAD State WA Zip Code 99021-9618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150308**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 740 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. MAYNARD M. EYESTONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2803 E WINGER RD  
 City MEAD State WA Zip Code 99021-9618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151132**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LOWELL F. EZZELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1295  
 City UTOPIA State TX Zip Code 78884-1295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143286**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LOWELL F. EZZELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1295  
 City UTOPIA State TX Zip Code 78884-1295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144013**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 741 OF 1531	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. DONALD L. FAIDLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4807 BIRCH ST

City ROELAND PARK State KS Zip Code 66205-1101

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.16

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147166**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

**B. MR. DONALD L. FAIDLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4807 BIRCH ST

City ROELAND PARK State KS Zip Code 66205-1101

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.16

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147627**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

**C. MR. DONALD L. FAIDLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4807 BIRCH ST

City ROELAND PARK State KS Zip Code 66205-1101

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.16

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.148326**

Amount of Each Receipt this Period  
20.16

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 742 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. DONALD L. FAIDLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4807 BIRCH ST  
 City ROELAND PARK State KS Zip Code 66205-1101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 214.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149482**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DONALD L. FAIDLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4807 BIRCH ST  
 City ROELAND PARK State KS Zip Code 66205-1101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 214.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150310**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. SANDRA S. FAIRCHILD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13842 WHITECAP BLVD  
 City CORPUS CHRISTI State TX Zip Code 78418-6158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MICHAEL FAIRCHILD Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143289**  
 Amount of Each Receipt this Period  
 113.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 743 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. P F N FANNING**

Mailing Address P.O. BOX 607

City State Zip Code  
UNIONVILLE PA 19375-0607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13116.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141647**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. P F N FANNING**

Mailing Address P.O. BOX 607

City State Zip Code  
UNIONVILLE PA 19375-0607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13116.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142435**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. P F N FANNING**

Mailing Address P.O. BOX 607

City State Zip Code  
UNIONVILLE PA 19375-0607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13116.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143747**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 11100.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 744 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. LILLIAN A. FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N MAIN ST  
 APT 216  
 City WHARTON State NJ Zip Code 07885-1651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141822**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. LILLIAN A. FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N MAIN ST  
 APT 216  
 City WHARTON State NJ Zip Code 07885-1651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143048**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. LILLIAN A. FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N MAIN ST  
 APT 216  
 City WHARTON State NJ Zip Code 07885-1651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143049**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 90.00  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 745 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. LILLIAN A. FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N MAIN ST  
 APT 216  
 City WHARTON State NJ Zip Code 07885-1651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146534**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. LILLIAN A. FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N MAIN ST  
 APT 216  
 City WHARTON State NJ Zip Code 07885-1651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146745**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JANE E. FARWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 630 VIA LIDO NORD  
 City NEWPORT BEACH State CA Zip Code 92663-5521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144938**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 746 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. ANASTASIA FENTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2071 COOK RD  
 City CHARLTON State NY Zip Code 12019-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141648**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. ANASTASIA FENTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2071 COOK RD  
 City CHARLTON State NY Zip Code 12019-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146537**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOHN D. FERRARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 GOLDEN ISLES DR. APT 29  
 City HALLANDALE BEACH State FL Zip Code 33009-7506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N Y P D Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142431**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 747 OF 1531
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. JOHN D. FERRARA</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2016 <b>Transaction ID : SA11.144627</b>
Mailing Address 400 GOLDEN ISLES DR. APT 29		Amount of Each Receipt this Period 25.00
City HALLANDALE BEACH	State FL	Zip Code 33009-7506
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer N Y P D	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JOHN D. FERRARA</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2016 <b>Transaction ID : SA11.145317</b>
Mailing Address 400 GOLDEN ISLES DR. APT 29		Amount of Each Receipt this Period 40.00
City HALLANDALE BEACH	State FL	Zip Code 33009-7506
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer N Y P D	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN D. FERRARA</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2016 <b>Transaction ID : SA11.146750</b>
Mailing Address 400 GOLDEN ISLES DR. APT 29		Amount of Each Receipt this Period 35.00
City HALLANDALE BEACH	State FL	Zip Code 33009-7506
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer N Y P D	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 748 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. GREGORY F. FISCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1442 SEACOAST DRIVE  
 APT 5  
 City State Zip Code  
 IMPERIAL BEACH CA 91932-3179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED U S NAVY RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148504**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GREGORY F. FISCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1442 SEACOAST DRIVE  
 APT 5  
 City State Zip Code  
 IMPERIAL BEACH CA 91932-3179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED U S NAVY RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150534**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. LUCILE D. FISCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46595 E ELDORADO DR.  
 City State Zip Code  
 INDIAN WELLS CA 92210-8640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144006**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 749 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. GERALD M. FISHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1491 GREENWOOD AVE  
 City PALO ALTO State CA Zip Code 94301-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144618**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MRS. JUNE A. FISHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 626 SUNNYLAND AVE  
 City PITTSBURGH State PA Zip Code 15227-1712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141818**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**C. MRS. JUNE A. FISHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 626 SUNNYLAND AVE  
 City PITTSBURGH State PA Zip Code 15227-1712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144005**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 750 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. ROGER LAWRENCE FISHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 TILBURY RD  
 City WATERLOO State IA Zip Code 50701-1654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142190**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROGER LAWRENCE FISHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 TILBURY RD  
 City WATERLOO State IA Zip Code 50701-1654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145923**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. CAROL W. FISK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 LONGMIRE RD  
 APT 610  
 City CONROE State TX Zip Code 77304-1853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144004**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 751 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CAROL W. FISK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 LONGMIRE RD  
 APT 610  
 City CONROE State TX Zip Code 77304-1853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144619**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROYCE P. FLANDRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2949 APACHE WAY  
 City PROVO State UT Zip Code 84604-4363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BRIGHAM Y UNIVERSITY Occupation PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141325**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BETTY FLEHARTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 WALNUT AVE  
 City YUKON State OK Zip Code 73099-3646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143282**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 752 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MISS ANN AUSTIN FLYNT**  
 Mailing Address 1244 ARBOR RD  
 APT B409  
 City Winston Salem State NC Zip Code 27104-1141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144048**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. JOAN F. FOERSTER**  
 Mailing Address 1882 FERNRIDGE DR.  
 City San Dimas State CA Zip Code 91773-1308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144570**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MARY K. FOLEY**  
 Mailing Address 206 LEEWARD WAY  
 City Newport News State VA Zip Code 23601-1081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143020**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 753 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARY K. FOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 LEEWARD WAY  
 City NEWPORT NEWS State VA Zip Code 23601-1081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145240**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MICHAEL L. FOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 480 SHATTUCK RD  
 City SAGINAW State MI Zip Code 48604-2380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 G M DELPHI RET. JANITOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143772**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MICHAEL L. FOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 480 SHATTUCK RD  
 City SAGINAW State MI Zip Code 48604-2380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 G M DELPHI RET. JANITOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144047**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 754 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MICHAEL L. FOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 480 SHATTUCK RD  
 City SAGINAW State MI Zip Code 48604-2380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer G M DELPHI Occupation RET. JANITOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146739**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MICHAEL L. FOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 480 SHATTUCK RD  
 City SAGINAW State MI Zip Code 48604-2380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer G M DELPHI Occupation RET. JANITOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146740**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. GORDON J. FOLSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12637 ISLE OF PINES BLVD  
 City FREDERICKSBRG State VA Zip Code 22407-6616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INDPNDT CONSULT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149062**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 755 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. LTCOL CHARLES D. FORAN USMC RET.**

Mailing Address 11815 MEADOWSPRING LN

City DALLAS	State TX	Zip Code 75218-1208
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation ENGINEER
-----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148534**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. LTCOL CHARLES D. FORAN USMC RET.**

Mailing Address 11815 MEADOWSPRING LN

City DALLAS	State TX	Zip Code 75218-1208
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation ENGINEER
-----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150069**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM I. FORBES III**

Mailing Address P.O. BOX 309

City EVANS MILLS	State NY	Zip Code 13637-0309
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143774**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 756 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DONALD R. FORSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 811 S 2ND ST  
 City MILBANK State SD Zip Code 57252-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143313**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DONALD R. FORSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 811 S 2ND ST  
 City MILBANK State SD Zip Code 57252-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144574**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LEROY R. FOWLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 114  
 City AIRWAY HGTS State WA Zip Code 99001-0114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145231**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 757 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. DR. THEODORE C. FOX M.D.**

Full Name (Last, First, Middle Initial)  
Mailing Address N2405 HILLSIDE RD

City ANTIGO State WI Zip Code 54409-8865

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.146997**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
CONTRIBUTION

**B. DR. THEODORE C. FOX M.D.**

Full Name (Last, First, Middle Initial)  
Mailing Address N2405 HILLSIDE RD

City ANTIGO State WI Zip Code 54409-8865

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.147204**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

**C. DR. THEODORE C. FOX M.D.**

Full Name (Last, First, Middle Initial)  
Mailing Address N2405 HILLSIDE RD

City ANTIGO State WI Zip Code 54409-8865

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.147401**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 758 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. ELLEN FRAHM TTEE**  
 Mailing Address 404 DOVE RANCH RD  
 City State Zip Code  
 BAYFIELD CO 81122-9757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 664.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150835**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. KAY E. FRANCIS**  
 Mailing Address 1357 43RD AVE  
 UNIT 18  
 City State Zip Code  
 GREELEY CO 80634-2444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED HOUSEWIFE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145965**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DUAIN E. FREDERICK**  
 Mailing Address 4715 TRILLIUM SPRING BLVD  
 APT 105  
 City State Zip Code  
 FREMONT MI 49412-8622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143310**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1220.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 759 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.151598**

Amount of Each Receipt this Period  
79.65

Memo Item CONTRIBUTION

**B. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.151666**

Amount of Each Receipt this Period  
36.99

Memo Item CONTRIBUTION

**C. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.151671**

Amount of Each Receipt this Period  
36.04

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 760 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.151843**

Amount of Each Receipt this Period  
19.99

Memo Item CONTRIBUTION

**B. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.151862**

Amount of Each Receipt this Period  
19.98

Memo Item CONTRIBUTION

**C. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.151906**

Amount of Each Receipt this Period  
17.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.97
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 761 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.151956**

Amount of Each Receipt this Period  
10.79

Memo Item CONTRIBUTION

**B. JULIE FREEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6522 AIRPORT CENTER DR.

City GREENSBORO	State NC	Zip Code 27409-9094
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.10

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.152008**

Amount of Each Receipt this Period  
9.99

Memo Item CONTRIBUTION

**C. MS. BARBARA M. FRESE**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 WAWONA ST  
APT 319

City SAN FRANCISCO	State CA	Zip Code 94116-3090
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.142486**

Amount of Each Receipt this Period  
53.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	73.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 762 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BARBARA M. FRESE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 445 WAWONA ST  
 APT 319  
 City SAN FRANCISCO State CA Zip Code 94116-3090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144044**  
 Amount of Each Receipt this Period  
 53.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. KATHERINE A. FRIZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 THISTLE DR.  
 City DELAWARE State OH Zip Code 43015-4044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150839**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. J RICHARD FULLGRAF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1003 EDWARDS RD  
 City GREENVILLE State SC Zip Code 29615-1362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED ENGINEER RET.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144577**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	203.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 763 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MS. PATRICIA A. FULWYLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8882 W BEACHSIDE LN  
 City BOISE State ID Zip Code 83714-6713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143770**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 CONTRIBUTION

**B. MS. PATRICIA A. FULWYLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8882 W BEACHSIDE LN  
 City BOISE State ID Zip Code 83714-6713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS HOUSEWIFE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144578**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MAUREEN A. FUNSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1121 RIDGE ST  
 City MONTROSE State CO Zip Code 81401-4460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146735**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 764 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DUANE F. GAGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 HATTER CREEK RD

City PRINCETON	State ID	Zip Code 83857-9769
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation TREE FARMER
--------------------------	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143769**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MRS. ESPERANZA G. GARCIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 94-405 IKEPONO ST

City WAIPAHU	State HI	Zip Code 96797-1619
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation HOUSEWIFE WIDOW
--	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141318**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MRS. ESPERANZA G. GARCIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 94-405 IKEPONO ST

City WAIPAHU	State HI	Zip Code 96797-1619
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation HOUSEWIFE WIDOW
--	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141425**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 765 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ESPERANZA G. GARCIA**

Full Name (Last, First, Middle Initial)  
MRS. ESPERANZA G. GARCIA

Mailing Address 94-405 IKEPONO ST

City WAIPAHU State HI Zip Code 96797-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE WIDOW

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.141805**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. MRS. ESPERANZA G. GARCIA**

Full Name (Last, First, Middle Initial)  
MRS. ESPERANZA G. GARCIA

Mailing Address 94-405 IKEPONO ST

City WAIPAHU State HI Zip Code 96797-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE WIDOW

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.142483**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. MRS. ESPERANZA G. GARCIA**

Full Name (Last, First, Middle Initial)  
MRS. ESPERANZA G. GARCIA

Mailing Address 94-405 IKEPONO ST

City WAIPAHU State HI Zip Code 96797-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE WIDOW

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.143025**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 766 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ESPERANZA G. GARCIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 94-405 IKEPONO ST  
 City WAIPAHU State HI Zip Code 96797-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE WIDOW  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143026**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN S. GARFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 HEMLOCK LN  
 City MERRIMACK State NH Zip Code 03054-3632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF PEST CONTROL  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143027**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DOROTHY J. GARIBALDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5133 WEDGE CT E  
 City BRADENTON State FL Zip Code 34203-4029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143308**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 767 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)  
**The 2016 Committee**

**A. MONTENE A. GARRETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 112 W WILDWOOD ST  
City TAMPA State FL Zip Code 33613-3146  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RET. MASSGE REHA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143028**  
Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**B. MR. PHILLIP J. GARRETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 484  
City FARMLAND State IN Zip Code 47340-0484  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 212.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142199**  
Amount of Each Receipt this Period 53.00  
 Memo Item CONTRIBUTION

**C. MR. PHILLIP J. GARRETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 484  
City FARMLAND State IN Zip Code 47340-0484  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 212.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145247**  
Amount of Each Receipt this Period 53.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 181.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 768 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. EDNA V. GARRITY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JEFFERSON HTS  
 APT 302  
 City CATSKILL State NY Zip Code 12414-1258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143029**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. EDNA V. GARRITY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JEFFERSON HTS  
 APT 302  
 City CATSKILL State NY Zip Code 12414-1258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143306**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT GAST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 WILLOWBROOK  
 City IRVINE State CA Zip Code 92604-3673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HAMPTON PROD INT'L CORP ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149490**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 769 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT GAST**

Mailing Address **4 WILLOWBROOK**

City **IRVINE** State **CA** Zip Code **92604-3673**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HAMPTON PROD INT'L CORP** Occupation **ENGINEER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.149491**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MS. RITA G. GAVIN**

Mailing Address **11651 ROSEMOUNT DR.**

City **FORT MYERS** State **FL** Zip Code **33913-8379**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.146494**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MS. RITA G. GAVIN**

Mailing Address **11651 ROSEMOUNT DR.**

City **FORT MYERS** State **FL** Zip Code **33913-8379**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.146531**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 770 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. DON E. GEBHART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5710 ENNISHANNON PL  
 City DUBLIN State OH Zip Code 43016-6008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED M.D. Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148159**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. FR ROGER GEDITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 136  
 City GEDDES State SD Zip Code 57342-0136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED PRIEST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144036**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LARRY GEMMEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8096 WEATHERWAX DR.  
 City JENISON State MI Zip Code 49428-8300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEMMEN'S HOME & HARDWARE Occupation RET. RETAILER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145938**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 771 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. WILLIAM A. GERHART**

Mailing Address 1336 WINDSOR CT

City State Zip Code  
SPRINGFIELD OR 97477-8107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145254**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM A. GERHART**

Mailing Address 1336 WINDSOR CT

City State Zip Code  
SPRINGFIELD OR 97477-8107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145939**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. REX GERMAN**

Mailing Address 76161 ROAD 425

City State Zip Code  
COZAD NE 69130-5317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEBRASKSA PLASTICS, INC CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143302**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 772 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ANN K. GIBBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1278 WINWOOD CV  
 City TUPELO State MS Zip Code 38801-6472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143303**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MS. ANN K. GIBBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1278 WINWOOD CV  
 City TUPELO State MS Zip Code 38801-6472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148978**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. GAIL GIBBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 APPLE RIVER CT  
 City LAS VEGAS State NV Zip Code 89148-2785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.32

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150730**  
 Amount of Each Receipt this Period 20.16  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 773 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. RALPH GILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2619 WILDERNESS WAY

City NEW BRAUNFELS State TX Zip Code 78132-3643

FEC ID number of contributing federal political committee. **C**

Name of Employer TREE MEDIA CO. Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.151592**

Amount of Each Receipt this Period  
 135.22

Memo Item  
CONTRIBUTION

**B. PHIL GIRAMONTI**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 S MAIN ST

City WEST HARTFORD State CT Zip Code 06107-3627

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.148158**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

**C. MR. JIM GIRKIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 FAIRWAY DR.

City HOLIDAY ISLAND State AR Zip Code 72631-4500

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation RET. PHARMAC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 452.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145261**

Amount of Each Receipt this Period  
 113.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1248.22
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 774 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. LARRY GLADFELTER**  
 Mailing Address P.O. BOX 25  
 City State Zip Code  
 GOTHA FL 34734-0025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148867**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. SYLVIA H. GLESMANN**  
 Mailing Address 36 TWIN OAKS RD  
 City State Zip Code  
 BRIDGEWATER NJ 08807-2343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RET. FINE ARTIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143305**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. SYLVIA H. GLESMANN**  
 Mailing Address 36 TWIN OAKS RD  
 City State Zip Code  
 BRIDGEWATER NJ 08807-2343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RET. FINE ARTIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144034**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 775 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. CSM JOE R. GODWIN RET**  
Full Name (Last, First, Middle Initial)  
Mailing Address 555 PARK AVE

City FOLEY	State AL	Zip Code 36535-1136
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.141560**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

**B. MRS. JUDY SUE GOMEZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5329 30TH STREET

City LUBBOCK	State TX	Zip Code 79407-3515
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RET. ADM ASSIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1225.00	

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.147288**

Amount of Each Receipt this Period  
225.00

Memo Item  
CONTRIBUTION

**C. MR. JEFFERY R. GOODMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4410 ARECA PALM DR.

City FORT PIERCE	State FL	Zip Code 34982-6842
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.143768**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 776 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EDWARD M. GORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1944 HEIDELBERG DR.  
 City MOUNT PLEASANT State SC Zip Code 29464-3959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143299**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. EDWARD M. GORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1944 HEIDELBERG DR.  
 City MOUNT PLEASANT State SC Zip Code 29464-3959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145270**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD W. GRAHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 CLOCKTOWER RIDGE DR.  
 APT 117  
 City WINCHESTER State VA Zip Code 22603-3880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146731**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 777 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. WILLIAM GRANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 ROSEDALE AVE  
 City State Zip Code  
 WHITE PLAINS NY 10605-5425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141426**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM GRANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 ROSEDALE AVE  
 City State Zip Code  
 WHITE PLAINS NY 10605-5425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144028**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LEE R. GRASFEDER CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2493 PFINISTER SCHOOL RD  
 City State Zip Code  
 DE SOTO MO 63020-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RET. FARMER & CP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145267**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 778 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. JOANN L. GREB**

Mailing Address P.O. BOX 916

City State Zip Code  
HAYWARD WI 54843-0916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143764**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. HERBERT L. GREENE**

Mailing Address 1603 RUSTADS CIR

City State Zip Code  
WILLIAMSBURG VA 23188-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED CONSULTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
534.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142204**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HERBERT L. GREENE**

Mailing Address 1603 RUSTADS CIR

City State Zip Code  
WILLIAMSBURG VA 23188-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED CONSULTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
534.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145268**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5100.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 779 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JON GREEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4201 STRATTON LN  
 City OOLTEWAH State TN Zip Code 37363-8325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation SALES  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.16**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.141287**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
**CONTRIBUTION**

**B. MRS. MARGARET A. GREER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 CARLTON DR.  
 City MACKINAW State IL Zip Code 61755-9454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.147987**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**C. MRS. MARGARET A. GREER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 CARLTON DR.  
 City MACKINAW State IL Zip Code 61755-9454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.150313**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 780 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. EDITH H. GREGORY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4524 N FARM ROAD 117  
 City SPRINGFIELD State MO Zip Code 65803-7634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144031**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. EDITH H. GREGORY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4524 N FARM ROAD 117  
 City SPRINGFIELD State MO Zip Code 65803-7634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151009**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**C. MR. GEORGE H. GRELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2918 TRAPPER TRL  
 City WENTZVILLE State MO Zip Code 63385-2642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141559**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 781 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GEORGE H. GRELE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2918 TRAPPER TRL

City WENTZVILLE State MO Zip Code 63385-2642

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146600**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**B. MR. MICHAEL C. GRESSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 CHECKERED FLAG BLVD

City SHAKOPEE State MN Zip Code 55379-8967

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143298**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C. MS. EDNA GRIGSBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1168 FM 698

City NACOGDOCHES State TX Zip Code 75964-4342

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation FARM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146764**

Amount of Each Receipt this Period  
 300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 782 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MISS BARBARA R. GRIMALDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 6040

City MIRAMAR BEACH	State FL	Zip Code 32550-1001
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141558**

Amount of Each Receipt this Period  
 500.00

Memo Item CONTRIBUTION

**B. MISS BARBARA R. GRIMALDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 6040

City MIRAMAR BEACH	State FL	Zip Code 32550-1001
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142206**

Amount of Each Receipt this Period  
 300.00

Memo Item CONTRIBUTION

**C. MISS BARBARA R. GRIMALDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 6040

City MIRAMAR BEACH	State FL	Zip Code 32550-1001
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143996**

Amount of Each Receipt this Period  
 1000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 783 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)  
**The 2016 Committee**

**A. MISS BARBARA R. GRIMALDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 6040

City MIRAMAR BEACH	State FL	Zip Code 32550-1001
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145323**

Amount of Each Receipt this Period  
800.00

Memo Item  
CONTRIBUTION

**B. MS. ELIZABETH GRIMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5615 GREGG TEX RD

City LONGVIEW	State TX	Zip Code 75604-9479
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
353.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142207**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MS. ELIZABETH GRIMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5615 GREGG TEX RD

City LONGVIEW	State TX	Zip Code 75604-9479
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
353.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145322**

Amount of Each Receipt this Period  
53.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1053.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 784 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. THERESA A. GRISHAM**

Mailing Address P.O. BOX 322

City State Zip Code  
ATTICA IN 47918-0322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.144630**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. VERONICA GROTH**

Mailing Address 30 MARK TWAIN LN

City State Zip Code  
EAST SETAUKET NY 11733-1764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF PSYCH NP

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.151000**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ALICE GAE GRUNANDER**

Mailing Address 536 S 1600 E

City State Zip Code  
SPANISH FORK UT 84660-2731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.143272**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 785 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. STEVE GRUPE**

Mailing Address 1055 S POPLAR ST

City State Zip Code  
KERMIT TX 79745-5010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PEPSICO SALES

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150865**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JUDITH GUST**

Mailing Address 15560 VISTA VICENTE DR.

City State Zip Code  
RAMONA CA 92065-4319

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148062**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. PHILIP L. GUTHRIE**

Mailing Address 23755 MIDDLEBELT RD

City State Zip Code  
FARMINGTON HILLS MI 48336-2903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150867**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 786 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. PHILIP L. GUTHRIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23755 MIDDLEBELT RD  
 City FARMINGTON HILLS State MI Zip Code 48336-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FORD MOTOR COMPANY Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **435.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.151500**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES GWINN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1850 E SAN MARTIN AVE  
 City SAN MARTIN State CA Zip Code 95046-9105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US NAVY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.145894**  
 Amount of Each Receipt this Period **225.00**  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARIE H. HADLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 936 N PENN DR.  
 City WERNERSVILLE State PA Zip Code 19565-2036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143734**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>475.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 787 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MR. ARTHUR D. HAGAN TRUSTEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 W 6TH AVE  
STE 110

City State Zip Code  
STILLWATER OK 74074-4377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STILL WATER MEDICAL CENTR CARDIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.143269**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MR. ARTHUR D. HAGAN TRUSTEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 W 6TH AVE  
STE 110

City State Zip Code  
STILLWATER OK 74074-4377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STILL WATER MEDICAL CENTR CARDIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.143270**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C. MR. JAMES C. HAGEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 599 ALGOMA SPUR RD

City State Zip Code  
SAGLE ID 83860-9481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147516**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 788 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MAURICE D. HAGEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 626 S 4TH ST  
 City WATSEKA State IL Zip Code 60970-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IROQUOIS COUNTY SHER DEPT Occupation SEC GUARD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145326**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. PATRICK HAGGARTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address URB ALTURAS DE TORRIMAR C/12 APT 18  
 City GUAYNABO State PR Zip Code 00969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ORIENTAL BANK Occupation BANKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148493**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT E. HALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9221 WADSWORTH PKWY RM 118  
 City WESTMINSTER State CO Zip Code 80021-4598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED (P&G) Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143276**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 789 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT R. HALL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 183

City SPANGLE State WA Zip Code 99031-0183

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143277**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MR. ROBERT R. HALL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 183

City SPANGLE State WA Zip Code 99031-0183

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145328**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C. MR. WILLIAM HALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 MISSION ST  
APT 10

City SOUTH PASADENA State CA Zip Code 91030-3345

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation MISSIONARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.150859**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 790 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LARRY HANSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 73338 SAN NICHOLAS AVE  
 City PALM DESERT State CA Zip Code 92260-2842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141288**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MR. WILLIAM R. HANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9946 NESBITT CIR  
 City BLOOMINGTON State MN Zip Code 55437-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MYSTIC LAKE CASINO Occupation BLACKJACK DEALR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145332**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MRS. VIRGINIA F. HARDIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3104 WINTERBERRY SQ  
 City ROANOKE State VA Zip Code 24018-2824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143274**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3275.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 791 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. FRED L. HARDWICKE M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3804 95TH ST  
 City LUBBOCK State TX Zip Code 79423-3918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEXAS TECH INTERNAL MED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143275**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. DR. FRED L. HARDWICKE M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3804 95TH ST  
 City LUBBOCK State TX Zip Code 79423-3918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEXAS TECH INTERNAL MED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146593**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JEANINE L. HARDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 604 MCCONNELL DR.  
 City YUKON State OK Zip Code 73099-3355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145334**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 792 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. HELEN HARPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 409 E BROADWAY AVE

City SAWYER State KS Zip Code 67134-9502

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. LAB ASSIT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143062**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**B. MR. RICHARD F. HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 LORRIE LAKE LN

City HOUSTON State TX Zip Code 77024-7119

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143981**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

**C. J TED HARTMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4018 16TH ST

City LUBBOCK State TX Zip Code 79416-6012

FEC ID number of contributing federal political committee. **C**

Name of Employer TEXAS TECH UNIVERSITY Occupation RET. PHYSIC/EDUC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145342**

Amount of Each Receipt this Period  
 300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 793 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ELBERT E. HASH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12801 BONNIE BRAE AVE  
 City WATERFORD State CA Zip Code 95386-9721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. FIREMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141437**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MR. ELBERT E. HASH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12801 BONNIE BRAE AVE  
 City WATERFORD State CA Zip Code 95386-9721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. FIREMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143280**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MR. ELBERT E. HASH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12801 BONNIE BRAE AVE  
 City WATERFORD State CA Zip Code 95386-9721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. FIREMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143973**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 794 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. LOIS HASKINS**

Mailing Address 12146 GROVEDALE DR.

City State Zip Code  
WHITTIER CA 90604-3755

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.143281**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. GLADYS HASSE**

Mailing Address 481 NAISMITH BLVD

City State Zip Code  
EUGENE OR 97404-1195

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147292**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RICHARD V. HASTINGS**

Mailing Address 2505 CASCADE DR.

City State Zip Code  
WALNUT CREEK CA 94598-4315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SAN FRAN CITY & COUNTY HS- RET. TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.142217**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 795 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD V. HASTINGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2505 CASCADE DR.  
 City State Zip Code  
 WALNUT CREEK CA 94598-4315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SAN FRAN CITY & COUNTY HS- RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144645**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MICHAEL HATCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 379 MATTHEW CV  
 City State Zip Code  
 BASTROP TX 78602-6739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SAM, LLC MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149365**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. EDWARD A. HATT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13455 HIDDEN CREEK DR.  
 City State Zip Code  
 GRAND HAVEN MI 49417-9483  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MERCY HEALTH PARTNERS PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145905**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 796 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JANET H. HAVARD MOSSER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 OAK CREEK DR.  
 APT 203  
 City PALO ALTO State CA Zip Code 94304-2034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.144644**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. ROBERT E. HAWKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5005 BIRCH RD  
 City FAYETTEVILLE State NC Zip Code 28304-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143978**  
 Amount of Each Receipt this Period **225.00**  
 Memo Item  
**CONTRIBUTION**

**C. BETTY HAWTHORNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 82264 OLD MILL RD  
 City GLADE SPRING State VA Zip Code 24340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.151260**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>825.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 797 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. BETTY HAWTHORNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 82264 OLD MILL RD

City GLADE SPFRING	State VA	Zip Code 24340
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.151468**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**B. BETTY HAWTHORNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 82264 OLD MILL RD

City GLADE SPFRING	State VA	Zip Code 24340
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.151586**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. MR. BILLY HAYES**  
Full Name (Last, First, Middle Initial)

Mailing Address 680 CHOPPED OAK CHURCH RD

City TOCCOA	State GA	Zip Code 30577-5438
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.143971**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 798 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. BILLY HAYES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 680 CHOPPED OAK CHURCH RD  
 City TOCCOA State GA Zip Code 30577-5438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145345**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DAVID C. HEAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10590 S MILLSTONE DR.  
 City OLATHE State KS Zip Code 66061-9104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. CLERGYMAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147196**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JACK H. HEAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 WESTBROOK CT  
 City JACKSON State GA Zip Code 30233-5417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 263.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142422**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	620.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 799 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. JACK H. HEAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 WESTBROOK CT

City JACKSON State GA Zip Code 30233-5417

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143740**

Amount of Each Receipt this Period  
 70.00

Memo Item  
CONTRIBUTION

**B. MR. JACK H. HEAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 WESTBROOK CT

City JACKSON State GA Zip Code 30233-5417

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.144647**

Amount of Each Receipt this Period  
 53.00

Memo Item  
CONTRIBUTION

**C. DR. BRUCE C. HEILMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7031 OAK BROOK DRIVE

City URBANDALE State IA Zip Code 50322-4800

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation DENTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146425**

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 800 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MS. M HELDRIDGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 850 SUMNER PKWY  
APT 220

City COPLEY State OH Zip Code 44321-3317

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.145521**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MR. GERALD L. HEMPT**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 SPANGLERS MILL RD

City NEW CUMBERLAND State PA Zip Code 17070-2339

FEC ID number of contributing federal political committee. **C**

Name of Employer HEMPT BROS INC Occupation SEC TREAS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.141600**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MR. GERALD L. HEMPT**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 SPANGLERS MILL RD

City NEW CUMBERLAND State PA Zip Code 17070-2339

FEC ID number of contributing federal political committee. **C**

Name of Employer HEMPT BROS INC Occupation SEC TREAS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.141672**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 801 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. BRUCE HENDERSON M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3730 BURNING TREE DR.  
 City BLOOMFIELD HILLS State MI Zip Code 48302-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ORTHOPEDIC SURG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.141330**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
**CONTRIBUTION**

**B. MRS. FRANCISCA HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 N 82ND ST  
 City MESA State AZ Zip Code 85207-8529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **530.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143466**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
**CONTRIBUTION**

**C. MRS. FRANCISCA HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 N 82ND ST  
 City MESA State AZ Zip Code 85207-8529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **530.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.146821**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>690.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 802 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD L. HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9000 N CONGRESS AVE  
 APT 213  
 City KANSAS CITY State MO Zip Code 64153-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147581**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RICHARD L. HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9000 N CONGRESS AVE  
 APT 213  
 City KANSAS CITY State MO Zip Code 64153-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148386**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD L. HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9000 N CONGRESS AVE  
 APT 213  
 City KANSAS CITY State MO Zip Code 64153-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149558**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 803 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD L. HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9000 N CONGRESS AVE  
 APT 213  
 City KANSAS CITY State MO Zip Code 64153-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.32

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150610**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT WEBB HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 946 QUALITY DR.  
 City LANCASTER State SC Zip Code 29720-4722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NUTRAMAX LABS, INC Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146422**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 CONTRIBUTION

**C. MS. YVONNE HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2605 VARGAS WAY  
 City REDONDO BEACH State CA Zip Code 90278-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143467**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10220.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 804 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CECIL L. HENKEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2110 LOCKLAINE DR.

City PASADENA State TX Zip Code 77502-3420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.143132

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

**B. MRS. CECIL L. HENKEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2110 LOCKLAINE DR.

City PASADENA State TX Zip Code 77502-3420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.146145

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

**C. MR. MARTIN P. HEPWORTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 72 5TH AVE

City BAY SHORE State NY Zip Code 11706-7329

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NETTER REAL ESTATE REAL EST BROKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.146551

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 805 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM HERMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 RIVER RIDGE RD  
 City SEALY State TX Zip Code 77474-8525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MEMORIAL PATHOLOGY CONSUL M.D.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148067**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. LUCY J. HERN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1457 S 54TH ST  
 City MILWAUKEE State WI Zip Code 53214-5202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142223**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LUCY J. HERN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1457 S 54TH ST  
 City MILWAUKEE State WI Zip Code 53214-5202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145532**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 806 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. RUTH B. HERRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 ABIGAIL LN  
 City ANDERSON State SC Zip Code 29621-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146824**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. W GLEN HICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 KENNON ST  
 City MINDEN State LA Zip Code 71055-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150620**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. BRUCE HIGLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 CAMPUS COMMONS RD  
 City SACRAMENTO State CA Zip Code 95825-6632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148214**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 807 OF 1531 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. BRUCE HIGLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 880 CAMPUS COMMONS RD

City SACRAMENTO	State CA	Zip Code 95825-6632
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148384**

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

**B. MR. BRUCE HIGLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 880 CAMPUS COMMONS RD

City SACRAMENTO	State CA	Zip Code 95825-6632
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148908**

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

**C. MR. BRUCE HIGLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 880 CAMPUS COMMONS RD

City SACRAMENTO	State CA	Zip Code 95825-6632
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149116**

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 808 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. BRUCE HIGLEY**

Mailing Address **880 CAMPUS COMMONS RD**

City **SACRAMENTO** State **CA** Zip Code **95825-6632**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt  
 /  /   
**02 / 01 / 2016**

**Transaction ID : SA11.149117**

Amount of Each Receipt this Period  
 **50.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BRUCE HIGLEY**

Mailing Address **880 CAMPUS COMMONS RD**

City **SACRAMENTO** State **CA** Zip Code **95825-6632**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt  
 /  /   
**02 / 01 / 2016**

**Transaction ID : SA11.149118**

Amount of Each Receipt this Period  
 **50.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES O. HINES SR.**

Mailing Address **P.O. BOX 83**

City **BRACEY** State **VA** Zip Code **23919-0083**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.80**

Date of Receipt  
 /  /   
**02 / 01 / 2016**

**Transaction ID : SA11.144222**

Amount of Each Receipt this Period  
 **120.16**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  **220.16**

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 809 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES O. HINES SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 83  
 City BRACEY State VA Zip Code 23919-0083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151569**  
 Amount of Each Receipt this Period  
 120.16  
 Memo Item  
 CONTRIBUTION

**B. MISS NANCY G. HOBBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 707 SMITHBRIAR DR.  
 City VALDOSTA State GA Zip Code 31602-1341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PROP. MNGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143870**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PATRICIA R. HOFFMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1130 N ALLUMBAUGH ST  
 APT 274  
 City BOISE State ID Zip Code 83704-8799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144230**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 810 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. THOMAS G. HOFFMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 28TH ST  
 City PORTSMOUTH State OH Zip Code 45662-2641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145544**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. CLAUDIA D. HOLDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12433 W DE MEYER ST  
 City BOISE State ID Zip Code 83713-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142231**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. CLAUDIA D. HOLDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12433 W DE MEYER ST  
 City BOISE State ID Zip Code 83713-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145547**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 811 OF 1531  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. CLAUDIA D. HOLDER**

Mailing Address 12433 W DE MEYER ST

City State Zip Code  
BOISE ID 83713-1403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **485.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.146625**

Amount of Each Receipt this Period  
**85.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DANIEL R. HOLDER**

Mailing Address 795 PEBBLE RD

City State Zip Code  
REYNOLDS GA 31076-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.142229**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. SYLVIA A. HOLLINGER**

Mailing Address 812 WILLOW VALLEY LAKES DR.

City State Zip Code  
WILLOW STREET PA 17584-9036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.144232**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **685.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 812 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. GRACE J. HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 746 AUBURN RAVINE RD  
 APT 413  
 City AUBURN State CA Zip Code 95603-3800  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143673**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. GRACE J. HOLLOWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 746 AUBURN RAVINE RD  
 APT 413  
 City AUBURN State CA Zip Code 95603-3800  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146935**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JIM HOLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 WILLIAMS LANE  
 City BIGFORK State MT Zip Code 59911-6346  
 Name of Employer SELF Occupation LOGGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143468**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 813 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JIM HOLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 WILLIAMS LANE

City State Zip Code  
BIGFORK MT 59911-6346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF LOGGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.146135**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

**B. MISS ANN W. HOLMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 95 LAUREL RIDGE PL

City State Zip Code  
HENDERSONVILLE NC 28739-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.144231**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MISS ANN W. HOLMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 95 LAUREL RIDGE PL

City State Zip Code  
HENDERSONVILLE NC 28739-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.145548**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 814 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WALTER HOLMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 GOLFOVIEW DR.

City ALBANY State MN Zip Code 56307-9326

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147074**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MR. JAMES M. HOLT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1561

City GROVES State TX Zip Code 77619-1561

FEC ID number of contributing federal political committee. **C**

Name of Employer CHEVRON PHILLIPS CHEMICAL Occupation MANUFACTURING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.150924**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C. MS. JULIANNA HAWN HOLT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2191 LITTLE BLANCO RD

City BLANCO State TX Zip Code 78606-4764

FEC ID number of contributing federal political committee. **C**

Name of Employer RANCHER Occupation SELF-EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146670**

Amount of Each Receipt this Period  
 100000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 815 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. KEVIN HOOD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3711 WATSON AVENUE

City TOLEDO State OH Zip Code 43612-1040

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146158**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**B. MS. DIANE E. HOOGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 8344 E FAY AVE

City MESA State AZ Zip Code 85208-5964

FEC ID number of contributing federal political committee. **C**

Name of Employer COSTCO Occupation DEMONSTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146160**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C. MS. DORIS L. HOWE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1416 WOODBRIDGE DR.

City TYLER State TX Zip Code 75703-3234

FEC ID number of contributing federal political committee. **C**

Name of Employer YOUTH WITH A MISSION Occupation ADOPTION CSWRKR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145509**

Amount of Each Receipt this Period  
 113.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	413.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 816 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DORIS L. HOWE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1416 WOODBRIDGE DR.  
 City TYLER State TX Zip Code 75703-3234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer YOUTH WITH A MISSION Occupation ADOPTION CSWRKR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.15

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148174**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DORIS L. HOWE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1416 WOODBRIDGE DR.  
 City TYLER State TX Zip Code 75703-3234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer YOUTH WITH A MISSION Occupation ADOPTION CSWRKR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.15

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150391**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**C. MR. BRUCE P. HOWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19913 75TH AVE NE  
 City KENMORE State WA Zip Code 98028-2046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHECK RIDE DRIVING SERVIC Occupation CDL INSTRUCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145510**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 817 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. BRUCE P. HOWELL**

Mailing Address 19913 75TH AVE NE

City State Zip Code  
KENMORE WA 98028-2046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHECK RIDE DRIVING SERVIC CDL INSTRUCTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.149005**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. KENNETH L. HOY**

Mailing Address 133 TIFFANY LN

City State Zip Code  
GETTYSBURG PA 17325-8542

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.144233**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. JUDITH HUBBARD**

Mailing Address 2314 N WOOD ST

City State Zip Code  
NEOSHO MO 64850-7344

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOUSEWIFE HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.146154**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 818 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JOAN HUCK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1570 FIG AVE

City REDDING	State CA	Zip Code 96001-1304
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation RET. CIVIL ENG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.142235**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MS. JOAN HUCK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1570 FIG AVE

City REDDING	State CA	Zip Code 96001-1304
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation RET. CIVIL ENG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.146628**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MS. BESSIE HUDGINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 479 MCGEHEE RD SE

City MEADVILLE	State MS	Zip Code 39653-7311
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.147002**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 819 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JUANITA S. HUFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1910 SAINT CLAIR DR.  
 City PEKIN State IL Zip Code 61554-6335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146151**  
 Amount of Each Receipt this Period  
 113.00  
 Memo Item  
 CONTRIBUTION

**B. MR. BOBBY R. HUFFMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2562 LONGWOOD CT  
 City TITUSVILLE State FL Zip Code 32780-5929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147241**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. YOLANDA M. HUG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 SONATA CT  
 City LAKE GROVE State NY Zip Code 11755-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141292**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 613.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 820 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. YOLANDA M. HUG**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 SONATA CT

City LAKE GROVE State NY Zip Code 11755-1319

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.141323**

Amount of Each Receipt this Period  
 150.00

Memo Item  
CONTRIBUTION

**B. MRS. YOLANDA M. HUG**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 SONATA CT

City LAKE GROVE State NY Zip Code 11755-1319

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146816**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**C. SHELBY HUGHES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3015 GLENGARY ROAD

City SANTA YNEZ State CA Zip Code 93460-9692

FEC ID number of contributing federal political committee. **C**

Name of Employer WOOD-CLAEYSSENS FDNT Occupation ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 277.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.148065**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 821 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. SHELBY HUGHES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3015 GLENGARY ROAD  
 City State Zip Code  
 SANTA YNEZ CA 93460-9692  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WOOD-CLAEYSSENS FDNT ACCOUNTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 277.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150178**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. SHELBY HUGHES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3015 GLENGARY ROAD  
 City State Zip Code  
 SANTA YNEZ CA 93460-9692  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WOOD-CLAEYSSENS FDNT ACCOUNTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 277.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151657**  
 Amount of Each Receipt this Period  
 38.80  
 Memo Item  
 CONTRIBUTION

**C. DR. DONALD HULL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25445 ADOBE LN  
 City State Zip Code  
 LOS ALTOS HILLS CA 94022-4502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144734**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 588.80  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 822 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CHERYL HUNTINGTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1335 GARLAND RD

City SOUTH BEND State IN Zip Code 46614-2104

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation R.N.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.16

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.148120**

Amount of Each Receipt this Period  
20.16

Memo Item  
CONTRIBUTION

**B. MRS. PATSY H. ICE**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 BRIARWOOD CT

City VAN State TX Zip Code 75790-2912

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.143123**

Amount of Each Receipt this Period  
70.00

Memo Item  
CONTRIBUTION

**C. MS. MARGARET INGLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 12099 W 117TH ST S

City PRAIRIE CITY State IA Zip Code 50228-8456

FEC ID number of contributing federal political committee. **C**

Name of Employer DR. GREG INGLE Occupation BOOKKEEPER/DRS.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147753**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 823 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARGARET INGLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12099 W 117TH ST S  
 City PRAIRIE CITY State IA Zip Code 50228-8456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DR. GREG INGLE Occupation BOOKKEEPER/DRS.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.150920**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

**B. MS. MARY INGRAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5049 WORNALL RD APT 8C  
 City KANSAS CITY State MO Zip Code 64112-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.144727**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 CONTRIBUTION

**C. DR. CHARLES A. ISAAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 929 EMMALINE AVE  
 City NEWTON State KS Zip Code 67114-2647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143474**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 824 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ELEANOR ISBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3121 CARL MORGAN RD  
 City MOODY State AL Zip Code 35004-2646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143875**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ELEANOR ISBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3121 CARL MORGAN RD  
 City MOODY State AL Zip Code 35004-2646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145500**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DONALD J. JABLONSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1025  
 City ANNA MARIA State FL Zip Code 34216-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1220.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141595**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 825 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DONALD J. JABLONSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1025  
 City ANNA MARIA State FL Zip Code 34216-1025  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1220.16

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146148**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**B. MS. EVELYN L. JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 RIVERBEND DR.  
 City SHELBY State OH Zip Code 44875-1766  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146626**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. CHERIANNE JACQUART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 LILAC DR.  
 City LIBERAL State KS Zip Code 67901-2019  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142720**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 826 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ERNEST K. JAMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 W OAKLEY AVE

City LOWELL State IN Zip Code 46356-2233

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 01 / 2016

**Transaction ID : SA11.145505**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. MS. SUSAN I. JAMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 799 AMITY RD

City GALLOWAY State OH Zip Code 43119-8730

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 01 / 2016

**Transaction ID : SA11.143490**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**C. MS. JACQUELINE V. JANSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1145 BACCUS DR.  
APT D

City LAFAYETTE State CO Zip Code 80026-2844

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 01 / 2016

**Transaction ID : SA11.149954**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 827 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SHIRLEY H. JESSUP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 TAUNTON RIDGE RD  
 City NEWTOWN State CT Zip Code 06470-1419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150394**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOSE S. JIMENEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 211  
 City TESUQUE State NM Zip Code 87574-0211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143666**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOSE S. JIMENEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 211  
 City TESUQUE State NM Zip Code 87574-0211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144263**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 828 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CHERRILYN K. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1835 INNSBROOK AVE  
 City LINCORN State IL Zip Code 62656-1392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143491**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. CHERRILYN K. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1835 INNSBROOK AVE  
 City LINCORN State IL Zip Code 62656-1392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148367**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**C. MR. MELVIN W. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145455**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 829 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MELVIN W. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146163**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MR. MELVIN W. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147683**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. MR. MELVIN W. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149570**  
 Amount of Each Receipt this Period 35.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 830 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MELVIN W. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150395**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROB A. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 CREEKSHORE DR.  
 City SIMPSONVILLE State SC Zip Code 29681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143492**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ROBERTA J. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 E BULLOCH ST  
 City WASHINGTON State UT Zip Code 84780-2303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147006**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 831 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ROBERTA J. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 E BULLOCH ST  
 City WASHINGTON State UT Zip Code 84780-2303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147143**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. VIRGINIA A. JOHNSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6360 CENTERVILLE RD  
 City WILLIAMSBURG State VA Zip Code 23188-1743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142747**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. VIRGINIA A. JOHNSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6360 CENTERVILLE RD  
 City WILLIAMSBURG State VA Zip Code 23188-1743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146812**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 832 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. AILEEN M. JONES**

Mailing Address 15615 WHITEWATER LN

City HOUSTON State TX Zip Code 77079-2533

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146167**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. DON P. JONES**

Mailing Address 601 LAUREL AVE  
APT 408

City SAN MATEO State CA Zip Code 94401-4181

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.144711**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. OLIVER W. JONES**

Mailing Address 5035 ESMOND AVE

City RICHMOND State CA Zip Code 94805-1423

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIV OF CA Occupation RET. TECH ELECT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.150767**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 833 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT L. JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 WELLER CIR  
 APT 226  
 City WESTMINSTER State MD Zip Code 21158-4341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147479**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. SUSANNA L. JONES-HART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 86-281 KAWILI ST  
 City WAIANAE State HI Zip Code 96792-2937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148370**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. EARNEST JORDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 POE ST  
 APT 47  
 City RICHMOND State VA Zip Code 23222-5025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146413**  
 Amount of Each Receipt this Period  
 2016.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2166.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 834 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. THOMAS M. JORDAN**

Mailing Address **8237 WINDSONG CT**

City State Zip Code  
**COLUMBUS OH 43235-1491**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF CPA**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**700.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**02 / 01 / 2016**

**Transaction ID : SA11.150769**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MRS. AMY J. JOYCE**

Mailing Address **25 NUTMEG LN**

City State Zip Code  
**MADISON CT 06443-1948**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED BOSTON COLLEGE ASSO. NURSING**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**02 / 01 / 2016**

**Transaction ID : SA11.144259**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MS. ROSEMARIE C. KALIL**

Mailing Address **507 GRANNY WHITE PIKE**

City State Zip Code  
**BRENTWOOD TN 37027-5743**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**WEIGHT WATCHERS PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**02 / 01 / 2016**

**Transaction ID : SA11.146940**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **1500.00**

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 835 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. NELLIE R. KEAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 225 JEFFREY RD  
City PALMER State TX Zip Code 75152-9569  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146410**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
CONTRIBUTION

**B. MR. EDWARD FAYE KEAST**  
Full Name (Last, First, Middle Initial)  
Mailing Address 540 VINE ST  
City CARSON State IA Zip Code 51525-4369  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation FARMER RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141458**  
Amount of Each Receipt this Period 50.00  
 Memo Item  
CONTRIBUTION

**C. MR. VANCE E. KEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 4113 UNIT 10  
City SURF CITY State NC Zip Code 28445-0057  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143482**  
Amount of Each Receipt this Period 300.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 836 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT R. KEEGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1923 E JOYCE BLVD  
 APT 248  
 City FAYETTEVILLE State AR Zip Code 72703-5171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143121**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MARVIN D. KEENEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4625 ROCKY RIDGE TRL  
 City LITTLE FLOCK State AR Zip Code 72756-7220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143122**  
 Amount of Each Receipt this Period 105.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RON E. KEITER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1331 CRANE BLVD  
 City SUMMERLAND KEY State GA Zip Code 33040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LANDMARK AVIATION Occupation SERVICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141352**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	455.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 837 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RON E. KEITER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1331 CRANE BLVD  
 City SUMMERLAND KEY State GA Zip Code 33040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LANDMARK AVIATION Occupation SERVICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149566**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. LINDA G. KENDALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 CLUB HOUSE RD  
 City KEY LARGO State FL Zip Code 33037-3600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144254**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LORRAINE C. KENTNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 689 BURMA RD  
 City RIVERTON State WY Zip Code 82501-9763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141460**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 838 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. GRETCHEN KIEDING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1646 ALAMO PINTADO RD  
 City SOLVANG State CA Zip Code 93463-9755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOUSEWIFE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143484**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. EVA L. KIENLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6059 W LAZY HEART ST  
 City TUCSON State AZ Zip Code 85713-4318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142734**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DONOVAN D. KIMBALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1819 YENTA AVE  
 City SPRINGFIELD State OR Zip Code 97477-1676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 212.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141294**  
 Amount of Each Receipt this Period  
 212.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	412.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 839 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EDWIN B. KING**  
Full Name (Last, First, Middle Initial)

Mailing Address 7310 SEAWALL BLVD  
APT 807

City GALVESTON State TX Zip Code 77551-1924

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.148375**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MS. ALICE KINKLE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 507

City CLARKSTON State MI Zip Code 48347-0507

FEC ID number of contributing federal political committee. **C**

Name of Employer GREENSTONE'S Occupation BOOKEEPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147242**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MR. RONALD G. KINZIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 W SCHAUMBURG RD  
APT A253

City SCHAUMBURG State IL Zip Code 60194-3475

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.144999**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 840 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. BARBARA E. KIPREOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4801 BROMLEY LN  
 City RICHMOND State VA Zip Code 23226-1232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142255**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BARBARA E. KIPREOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4801 BROMLEY LN  
 City RICHMOND State VA Zip Code 23226-1232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146810**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. SUSAN G. KITSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 BROADMOOR DR.  
 City CHAMPAIGN State IL Zip Code 61821-6050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146636**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 841 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. GEORGE KLINE**

Mailing Address 9072 RAMPART ST

City State Zip Code  
DENVER CO 80260-6713

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144717**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. KATHERINE M. KNIGHT M.D.**

Mailing Address 4624 TRANSCONTINENTAL DR.

City State Zip Code  
METAIRIE LA 70006-2136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RET. PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143885**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ERIC KNUTSON**

Mailing Address P.O. BOX 143

City State Zip Code  
DAYTON MT 59914-0143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
IBEW 768 ELECTRICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150586**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 842 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. ERIC KNUTSON**

Mailing Address P.O. BOX 143

City DAYTON State MT Zip Code 59914-0143

FEC ID number of contributing federal political committee. **C**

Name of Employer IBEW 768 Occupation ELECTRICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.150900**

Amount of Each Receipt this Period  
**20.16**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. ELIZABETH G. KOCHERHANS**

Mailing Address 2703 W DELL DR.

City SPOKANE State WA Zip Code 99208-4546

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.146548**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MARGARET C. KOEHLER**

Mailing Address 1117B JIM MEYER DR. APT B

City ALEXANDRIA State LA Zip Code 71303-5755

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.150158**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>220.16</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 843 OF 1531  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARGARET C. KOEHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1117B JIM MEYER DR.  
 APT B  
 City ALEXANDRIA State LA Zip Code 71303-5755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.32

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151071**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**B. MR. EDWARD A. KOHOUT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9607 S 26TH ST  
 City BELLEVUE State NE Zip Code 68147-2484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142736**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JANET KONDIKOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 628 PLANTATION ST  
 City MESQUITE State TX Zip Code 75150-4706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(   
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146406**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 844 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. LEO KOTTE**

Mailing Address 14237 INDIGO LOOP

City State Zip Code  
SUMMERDALE AL 36580-4031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145487**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. DENISE KOZOJED**

Mailing Address 475 HIGHCROFT RD

City State Zip Code  
WAYZATA MN 55391-1548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MINGLE LLC SALES

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148372**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RAY M. KREIDER**

Mailing Address 40 EDGEMONT RD

City State Zip Code  
COLUMBIA PA 17512-9717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TURKEY HILL DAIRY INC TRANSPORTATION

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144302**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 845 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DONALD H. KRICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 840 STONEY CREEK DR.  
 APT A  
 City DAUPHIN State PA Zip Code 17018-9649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145395**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. THOMAS J. KRILOWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 311 TWIN LAKES DR.  
 City GRAY State GA Zip Code 31032-5033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144680**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. CHARLES F. KSIENIEWICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 AVERY AVE  
 City SYRACUSE State NY Zip Code 13204-1827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SYRACUSE UNIVERSITY Occupation RETRETAIL CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143517**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 846 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. CHARLES F. KSIENIEWICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 AVERY AVE  
 City SYRACUSE State NY Zip Code 13204-1827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SYRACUSE UNIVERSITY Occupation RETRETAIL CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145012**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CHARLES F. KSIENIEWICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 AVERY AVE  
 City SYRACUSE State NY Zip Code 13204-1827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SYRACUSE UNIVERSITY Occupation RETRETAIL CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146770**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MAXINE KUIPERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2559 8TH AVE SW  
 City BYRON CENTER State MI Zip Code 49315-8909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146222**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 847 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DAWN A. KULASZEWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3810 ALDER LN  
 APT 425  
 City EAGAN State MN Zip Code 55122-3842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. R N  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143515**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DAWN A. KULASZEWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3810 ALDER LN  
 APT 425  
 City EAGAN State MN Zip Code 55122-3842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. R N  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145389**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**C. MR. VADEN LACKEY JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 LEAKE AVE  
 APT 92  
 City NASHVILLE State TN Zip Code 37205-3742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147599**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 848 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. VIRGINIA M. LAGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19303 N NEW TRADITION RD  
 APT 238  
 City SUN CITY WEST State AZ Zip Code 85375-3853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143919**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CLARENCE LALIBERTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2712 E 5TH ST  
 City DULUTH State MN Zip Code 55812-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143520**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WARREN P. LANDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2665 TALLANT RD  
 APT NV282  
 City SANTA BARBARA State CA Zip Code 93105-4832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145377**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 849 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MRS. LAURIE S. LANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1716 SHEFFIELD DR.  
 City LOMPOC State CA Zip Code 93436-7137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CITY OF LOMPOC Occupation TEACHER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **770.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.144666**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
 CONTRIBUTION

**B. MS. VIRGINIA LANFRANKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 875 MADRONE LN  
 City PATTERSON State CA Zip Code 95363-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143512**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

**C. MS. VIRGINIA LANFRANKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 875 MADRONE LN  
 City PATTERSON State CA Zip Code 95363-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143914**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 850 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. LORI LANG**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 POPE ST  
APT 221

City ST. HELENA State CA Zip Code 94574-1226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC DENTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.148710**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. MR. PAUL R. LARIVEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 COMMERCIAL ST  
UNIT 306B

City CONCORD State NH Zip Code 03301-5038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.143513**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MR. PAUL A. LASLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 7024 GLEN ARBOR DR.

City FLORENCE State KY Zip Code 41042-7076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.143511**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 851 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. PAUL A. LASLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7024 GLEN ARBOR DR.  
 City FLORENCE State KY Zip Code 41042-7076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146393**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**B. J RONALD LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 467 HIGHWAY 129  
 City FAYETTE State AL Zip Code 35555-6602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LAWRENCE FARM & LUMBER Occupation SELF FARMING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143917**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. CHRISTY LAYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1068 20TH AVE  
 City EAST MOLINE State IL Zip Code 61244-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SETON Occupation TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 309.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147893**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 852 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CHRISTY LAYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1068 20TH AVE  
 City EAST MOLINE State IL Zip Code 61244-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SETON Occupation TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 309.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148345**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARJORIE LEBOEUF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4277 BERKSHIRE DR.  
 City STERLING HEIGHTS State MI Zip Code 48314-1215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143510**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. NOLA LEDFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 COBBLESTONE CT  
 City SAVANNAH State GA Zip Code 31419-8961  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEMORIAL UNIVERSITY MEDIC Occupation R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151342**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 853 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARILYN M. LEEDOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1196 BLAKES WAY  
 City State Zip Code  
 MENASHA WI 54952-1967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED R.N.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143508**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARILYN M. LEEDOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1196 BLAKES WAY  
 City State Zip Code  
 MENASHA WI 54952-1967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED R.N.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145381**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BONNIE P. LEITER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6581 DETRICK RD  
 City State Zip Code  
 MOUNT AIRY MD 21771-7822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144312**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 854 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BETH LEONARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 506

City MT. GRETN	State PA	Zip Code 17064-0506
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation HOMEMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148720**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

**B. MS. BETH LEONARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 506

City MT. GRETN	State PA	Zip Code 17064-0506
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation HOMEMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150129**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

**C. MS. BETH LEONARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 506

City MT. GRETN	State PA	Zip Code 17064-0506
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation HOMEMAKER
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150879**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 855 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARIE LESETH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1401 CELEBRATION AVE  
APT 206

City KISSIMMEE State FL Zip Code 34747-5800

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.145366**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. MR. WILLIAM F. LESLIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 STARFLOWER DR.

City GRIFFIN State GA Zip Code 30223-5799

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.145367**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

**C. MS. MARY K Y LEUNG**  
Full Name (Last, First, Middle Initial)

Mailing Address 857 W NORTH BEND RD  
APT 303

City CINCINNATI State OH Zip Code 45224-1321

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.64

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147252**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 856 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARY K Y LEUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 W NORTH BEND RD  
 APT 303  
 City CINCINNATI State OH Zip Code 45224-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149088**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARY K Y LEUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 W NORTH BEND RD  
 APT 303  
 City CINCINNATI State OH Zip Code 45224-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149373**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARY K Y LEUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 W NORTH BEND RD  
 APT 303  
 City CINCINNATI State OH Zip Code 45224-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149675**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.16  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 857 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARY K Y LEUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 W NORTH BEND RD  
 APT 303  
 City CINCINNATI State OH Zip Code 45224-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150127**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARY K Y LEUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 W NORTH BEND RD  
 APT 303  
 City CINCINNATI State OH Zip Code 45224-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151083**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**C. MR. STANLEY A. LIKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 915 MADISON ST  
 City PAWNEE State IL Zip Code 62558-9469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143655**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 858 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARTHA LILLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7244 SAVAGE DR. NE  
 City ALBUQUERQUE State NM Zip Code 87109-5318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147885**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARTHA LILLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7244 SAVAGE DR. NE  
 City ALBUQUERQUE State NM Zip Code 87109-5318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149589**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARTHA LILLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7244 SAVAGE DR. NE  
 City ALBUQUERQUE State NM Zip Code 87109-5318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150413**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 859 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. BETTY LINCOLN**

Mailing Address **246 WHISTLETOWN RD**

City <b>EAST LYME</b>	State <b>CT</b>	Zip Code <b>06333-1030</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.48**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.147884**

Amount of Each Receipt this Period  

75.00
-------

 Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MS. BETTY LINCOLN**

Mailing Address **246 WHISTLETOWN RD**

City <b>EAST LYME</b>	State <b>CT</b>	Zip Code <b>06333-1030</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.48**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.148224**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MS. BETTY LINCOLN**

Mailing Address **246 WHISTLETOWN RD**

City <b>EAST LYME</b>	State <b>CT</b>	Zip Code <b>06333-1030</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.48**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.148225**

Amount of Each Receipt this Period  

75.00
-------

 Memo Item  
**CONTRIBUTION**

<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 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 860 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. BETTY LINCOLN**  
Full Name (Last, First, Middle Initial)

Mailing Address 246 WHISTLETOWN RD

City EAST LYME State CT Zip Code 06333-1030

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148718**

Amount of Each Receipt this Period  
 20.16

Memo Item  
CONTRIBUTION

**B. MR. CHUCK D. LINDENAU**  
Full Name (Last, First, Middle Initial)

Mailing Address 4951 FAYETTE RD

City NEW LONDON State OH Zip Code 44851-9484

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146394**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C. MR. KENNETH LINDEMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1660 HOFFMAN RD  
APT 335

City GREEN BAY State WI Zip Code 54311-4237

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147056**

Amount of Each Receipt this Period  
 40.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 861 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. CARL G. LINDSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2637 NW LACAMAS DR.  
 City CAMAS State WA Zip Code 98607-7662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143524**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CARL G. LINDSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2637 NW LACAMAS DR.  
 City CAMAS State WA Zip Code 98607-7662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144323**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BERNICE L. LINNEMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2613 COUNTY ROAD 721  
 City WEBSTER State FL Zip Code 33597-4312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(   
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142806**  
 Amount of Each Receipt this Period 53.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	253.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 862 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BERNICE L. LINNEMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2613 COUNTY ROAD 721

City WEBSTER	State FL	Zip Code 33597-4312
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
259.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144322**

Amount of Each Receipt this Period  
 50.00

Memo Item CONTRIBUTION

**B. MRS. BERNICE L. LINNEMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2613 COUNTY ROAD 721

City WEBSTER	State FL	Zip Code 33597-4312
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
259.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146213**

Amount of Each Receipt this Period  
 53.00

Memo Item CONTRIBUTION

**C. MRS. LAURA E. LIVELY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 SOLARI CT

City EL DORADO HILLS	State CA	Zip Code 95762-5564
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142273**

Amount of Each Receipt this Period  
 80.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	183.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 863 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MRS. LAURA E. LIVELY**

Mailing Address 809 SOLARI CT

City State Zip Code  
EL DORADO HILLS CA 95762-5564

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144319**

Amount of Each Receipt this Period  
53.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BRUCE LONG**

Mailing Address 1185 LEISURE WORLD

City State Zip Code  
MESA AZ 85206-3065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149369**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. BRUCE LONG**

Mailing Address 1185 LEISURE WORLD

City State Zip Code  
MESA AZ 85206-3065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150132**

Amount of Each Receipt this Period  
20.16

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.16

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 864 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. GRACE N. LONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8369 RAMBLER DR.  
 City State Zip Code  
 BROOKSVILLE FL 34601-2725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142808**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. GRACE N. LONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8369 RAMBLER DR.  
 City State Zip Code  
 BROOKSVILLE FL 34601-2725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145359**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JANE M. LONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7220 YORK AVE S  
 APT 227  
 City State Zip Code  
 MINNEAPOLIS MN 55435-4460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE OF MN RET. CT REPORTER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144654**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 865 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT L. LONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 HIGHWAY DD  
 City MOBERLY State MO Zip Code 65270-3158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141590**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JUDITH LOREE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2845 CABELA CT  
 City RICHLAND State WA Zip Code 99352-7203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED SOCIAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.97

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150409**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JUDITH LOREE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2845 CABELA CT  
 City RICHLAND State WA Zip Code 99352-7203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED SOCIAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.97

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150410**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 866 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES LORENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6424 HIDDEN HOLW  
 City State Zip Code  
 HOLLAND MI 49423-7901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 J LORENCE & ASSOC INVEST PROFESS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146945**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARILYN LOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JENNIFER DR.  
 City State Zip Code  
 SCOTTSBORO AL 35769-6564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JACKSON COUNTY EDA MARKETING DIRECTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 515.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151607**  
 Amount of Each Receipt this Period  
 68.52  
 Memo Item  
 CONTRIBUTION

**C. MS. MARILYN LOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JENNIFER DR.  
 City State Zip Code  
 SCOTTSBORO AL 35769-6564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JACKSON COUNTY EDA MARKETING DIRECTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 515.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151685**  
 Amount of Each Receipt this Period  
 33.84  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 252.36  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 867 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARILYN LOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 163 JENNIFER DR.  
City SCOTTSBORO State AL Zip Code 35769-6564  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 515.62

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.151730**  
Amount of Each Receipt this Period 27.94  
 Memo Item  
CONTRIBUTION

**B. MS. MARILYN LOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 163 JENNIFER DR.  
City SCOTTSBORO State AL Zip Code 35769-6564  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 515.62

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.151767**  
Amount of Each Receipt this Period 22.99  
 Memo Item  
CONTRIBUTION

**C. MS. MARILYN LOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 163 JENNIFER DR.  
City SCOTTSBORO State AL Zip Code 35769-6564  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JACKSON COUNTY EDA Occupation MARKETING DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 515.62

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.152009**  
Amount of Each Receipt this Period 9.99  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 868 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LORRAINE LOVELACE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4974 RIO VERDE DR.  
City SAN JOSE State CA Zip Code 95118-2303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IHSS Occupation PROVIDER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.147595**  
Amount of Each Receipt this Period **200.00**  
 Memo Item  
CONTRIBUTION

**B. MRS. SANDRA LYLES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1109 GRAND AVE  
City BEARDSTOWN State IL Zip Code 62618-1641  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.141959**  
Amount of Each Receipt this Period **50.00**  
 Memo Item  
CONTRIBUTION

**C. MR. DONALD M. LYNCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 LEDGE RD  
City WAYNE State NJ Zip Code 07470-6127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.145353**  
Amount of Each Receipt this Period **300.00**  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 869 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARGARET LYSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 3787  
 City VICTORIA State TX Zip Code 77903-3787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143068**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARGARET LYSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 3787  
 City VICTORIA State TX Zip Code 77903-3787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143525**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARGARET LYSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 3787  
 City VICTORIA State TX Zip Code 77903-3787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144650**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 870 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GUY MABEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2555 STAGECOACH TRL  
 City GORDON State TX Zip Code 76453-3912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144328**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ELMER MACIEJEWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14183 360TH ST APT 2  
 City AVON State MN Zip Code 56310-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRUMPER INC Occupation TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143526**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ELMER MACIEJEWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14183 360TH ST APT 2  
 City AVON State MN Zip Code 56310-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRUMPER INC Occupation TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144653**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 871 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CAROL H. MALONE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8025 MOSS ROCK DR.  
City FORT WORTH State TX Zip Code 76123-1393  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation PIANO TEACHER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 450.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147014**  
Amount of Each Receipt this Period 200.00  
 Memo Item  
CONTRIBUTION

**B. MS. CAROL H. MALONE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8025 MOSS ROCK DR.  
City FORT WORTH State TX Zip Code 76123-1393  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation PIANO TEACHER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 450.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147476**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
CONTRIBUTION

**C. MS. VIVIAN J. MALTBY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1914 RIVIERA DR.  
City BLYTHE State CA Zip Code 92225-4149  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RET. ARTIST  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 425.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143905**  
Amount of Each Receipt this Period 125.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 872 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. THOMAS ATHAN MAMALIS**  
 Mailing Address 126 SWALLOW CV  
 City State Zip Code  
 HENRICO NC 27842-9666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145410**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. RHEBA G. MANNING**  
 Mailing Address 530 W ROBINSON DR. W  
 City State Zip Code  
 HERNANDO MS 38632-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143500**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. RHEBA G. MANNING**  
 Mailing Address 530 W ROBINSON DR. W  
 City State Zip Code  
 HERNANDO MS 38632-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146183**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 873 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JESSIE MARAGONI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4358 S DEL REY AVE  
 City DEL REY State CA Zip Code 93616-9705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WATSONVILLE P SCHOOLS Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143501**  
 Amount of Each Receipt this Period 430.00  
 Memo Item  
 CONTRIBUTION

**B. CORRIE MARILLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4141 S COLORADO BLVD  
 City ENGLEWOOD State CO Zip Code 80113-5039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147686**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BETTY J. MARKSHEFFEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 518 CANYON RD  
 City KETCHIKAN State AK Zip Code 99901-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143502**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	955.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 874 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BETTY J. MARKSHEFFEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 518 CANYON RD  
 City KETCHIKAN State AK Zip Code 99901-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146181**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MICHAEL MARSHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3395 TUCKER RANCH RD  
 City WILSON State WY Zip Code 83014-9604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148355**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. CORA L. MASSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3151CO RD 2800E  
 City PENFIELD State IL Zip Code 61862-9515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation SPEECH/LANGUAGE PATHOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 542.96

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144682**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 875 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CORA L. MASSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3151CO RD 2800E  
 City PENFIELD State IL Zip Code 61862-9515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation SPEECH/LANGUAGE PATHOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **542.96**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.151802**  
 Amount of Each Receipt this Period **21.48**  
 Memo Item CONTRIBUTION

**B. COL ROYCE L. MATHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4750 S HIGHWAY 95  
 City FORT MOHAVE State AZ Zip Code 86426-9377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.146947**  
 Amount of Each Receipt this Period **600.00**  
 Memo Item CONTRIBUTION

**C. MRS. BARBARA J. MATTHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3104 LAKESHORE CT  
 City EUSTIS State FL Zip Code 32726-7335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **330.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143505**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>661.48</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 876 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. BARBARA J. MATTHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3104 LAKESHORE CT  
 City EUSTIS State FL Zip Code 32726-7335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144684**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARY IVEY MATTHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4876 PATRICK RD  
 City WINNSBORO State SC Zip Code 29180-6491  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147188**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD L. MAUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 10  
 City BASSETT State NE Zip Code 68714-0010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer R L MAUCH FARMS INC Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144292**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 877 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. JANICE M. MAY**

Mailing Address 312 FOWLER ST  
P.O. BOX 243

City MAPLE HILL State KS Zip Code 66507-9050

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.144290**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. JANICE M. MAY**

Mailing Address 312 FOWLER ST  
P.O. BOX 243

City MAPLE HILL State KS Zip Code 66507-9050

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.144291**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MICHAEL D. MC DONALD**

Mailing Address 5234 21ST ST

City LUBBOCK State TX Zip Code 79407-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147249**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 878 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. DORIS NADINE MCCLANAHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1623 ADRIAN ST  
 City BAKERSFIELD State CA Zip Code 93308-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143911**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. HAROLD B. MCCONNELL JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 COUNTY ROAD 388  
 City WETMORE State CO Zip Code 81253-9503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PUBLIC CITY SCHOOLS Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144286**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. HAROLD B. MCCONNELL JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 COUNTY ROAD 388  
 City WETMORE State CO Zip Code 81253-9503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PUBLIC CITY SCHOOLS Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146510**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 879 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LORENE H. MCCORMACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1293 CORONA AVE  
 City MEDFORD State OR Zip Code 97504-5205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142787**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 CONTRIBUTION

**B. MS. LORENE H. MCCORMACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1293 CORONA AVE  
 City MEDFORD State OR Zip Code 97504-5205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145011**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JANE E. MCCULLOCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4130 EVERGREEN DR.  
 City FAIRFAX State VA Zip Code 22032-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143506**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 880 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MRS. JANE E. MCCULLOCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4130 EVERGREEN DR.  
 City FAIRFAX State VA Zip Code 22032-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145418**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JANE E. MCCULLOCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4130 EVERGREEN DR.  
 City FAIRFAX State VA Zip Code 22032-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146547**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ARTHUR D. MCENEARNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 E KANESVILLE BLVD APT 111  
 City COUNCIL BLUFFS State IA Zip Code 51503-4768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143507**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 881 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. H ANNE MCEVOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8318 PAMELA DR.  
 City HENRICO State VA Zip Code 23229-4142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 267.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146187**  
 Amount of Each Receipt this Period  
 51.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JUDITH M. MCFADDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24013 J PLACE  
 City OCEAN PARK State WA Zip Code 98640-3860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143912**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JUDITH M. MCFADDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24013 J PLACE  
 City OCEAN PARK State WA Zip Code 98640-3860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148707**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2051.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 882 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JERRY N. MCGUIRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11687 DONNYCAVE LN  
 City MARYLAND HTS State MO Zip Code 63043-1322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. CIVIL ENG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144697**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. DR. MICHAEL DAVID MCGUIRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 COUNTY ROAD 396  
 City CENTRE State AL Zip Code 35960-8644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GREENOCK FARM VET. HOSP. Occupation VETERINARIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148363**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BETTY LOU MCLAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 WALNUT LN  
 City WEST NEWTON State PA Zip Code 15089-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143897**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	485.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 883 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BETTY LOU MCLAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 WALNUT LN  
 City WEST NEWTON State PA Zip Code 15089-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144271**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. SARAH M. MCLOUGHLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 RYMROCK RD UNIT 59  
 City KINGSTON State NY Zip Code 12401-7458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOSPICE INC Occupation R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146199**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DON E. MCMANUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 HART ST  
 City HORNELL State NY Zip Code 14843-2347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144696**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 884 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LEONARD M. MEADOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 RIVER RIDGE RD  
 City MADISON HEIGHTS State VA Zip Code 24572-2344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142293**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CLAUDE H. MELTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 ROANE CT  
 City INWOOD State WV Zip Code 25428-3435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145441**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARYLYN MENZEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W7506 STATE ROAD 106  
 City FORT ATKINSON State WI Zip Code 53538-9537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145431**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 885 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. D YVONNE MERCER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7917 NW 38TH ST  
 City BETHANY State OK Zip Code 73008-3141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation FUNERAL HOME OP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144688**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WARREN KEITH MEREDITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 E SUNSET DR.  
 City MEDFORD State OK Zip Code 73759-2402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141586**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**C. ALEJANDRINA METES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 246 WEBSTER STREET  
 City MANCHESTER State NH Zip Code 03104-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142756**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 886 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. ALEJANDRINA METES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 246 WEBSTER STREET  
 City MANCHESTER State NH Zip Code 03104-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144278**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION

**B. ALEJANDRINA METES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 246 WEBSTER STREET  
 City MANCHESTER State NH Zip Code 03104-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144279**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. STEVEN J. METTLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43112 282ND ST  
 City MENNO State SD Zip Code 57045-6611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUTCHINSON CONSERVATION Occupation FIELD SPVR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144689**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 340.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 887 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. J EDWARD MEYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 S MONROE ST  
 APT 435  
 City DENVER State CO Zip Code 80210-3770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147144**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**B. MR. J EDWARD MEYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 S MONROE ST  
 APT 435  
 City DENVER State CO Zip Code 80210-3770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147145**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**C. MR. J EDWARD MEYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 S MONROE ST  
 APT 435  
 City DENVER State CO Zip Code 80210-3770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147247**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 888 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. J EDWARD MEYERS**

Mailing Address **2020 S MONROE ST  
APT 435**

City **DENVER** State **CO** Zip Code **80210-3770**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1080.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.147416**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. NORMAN G. MEYER**

Mailing Address **11920 SUNDOG WAY**

City **FORT WORTH** State **TX** Zip Code **76244-4891**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHRISTIAN BROTHERS AUTO** Occupation **BUS OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.150145**

Amount of Each Receipt this Period  
**75.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MR. NORMAN G. MEYER**

Mailing Address **11920 SUNDOG WAY**

City **FORT WORTH** State **TX** Zip Code **76244-4891**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHRISTIAN BROTHERS AUTO** Occupation **BUS OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.150894**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **475.00**

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 889 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. THORE P. MEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 1ST AVE NE  
 APT 201  
 City BUFFALO State MN Zip Code 55313-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147064**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. LORI A. MILLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 156 MULL AVE  
 City AVON LAKE State OH Zip Code 44012-1927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JUST LIKE FAMILY HOME CARE Occupation LPN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149965**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LORI A. MILLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 156 MULL AVE  
 City AVON LAKE State OH Zip Code 44012-1927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JUST LIKE FAMILY HOME CARE Occupation LPN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150140**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 890 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DIANE W. MILLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12286 N 86TH PL

City SCOTTSDALE	State AZ	Zip Code 85260-5337
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.141711**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. MS. DIANE W. MILLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12286 N 86TH PL

City SCOTTSDALE	State AZ	Zip Code 85260-5337
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.146191**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. MR. DONALD J. MILLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 CLAYMONT DR.

City BALLWIN	State MO	Zip Code 63011-2523
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.147245**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 891 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DONALD J. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 CLAYMONT DR.  
 City BALLWIN State MO Zip Code 63011-2523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147592**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. HOWARD V. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 989 CEDAR RIDGE DR. APT 8  
 City CINCINNATI State OH Zip Code 45245-3052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141716**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MR. HOWARD V. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 989 CEDAR RIDGE DR. APT 8  
 City CINCINNATI State OH Zip Code 45245-3052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144206**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 892 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM H. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3438 HOLLY HILL RD  
 City LAKE CHARLES State LA Zip Code 70605-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144692**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. LTC BOYAN MISHEV USAF RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3611 MAJESTIC LN  
 City BOWIE State MD Zip Code 20715-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. USAF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141935**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM P. MIXON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2905 26TH AVE E  
 City BRADENTON State FL Zip Code 34208-7455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143461**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 893 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MILDRED M. MOE**

Full Name (Last, First, Middle Initial)  
Mailing Address 23 PURPLE SAGE

City IRVINE	State CA	Zip Code 92603-3706
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETPHYSICISTPHD
-----------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144757**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MR. V LOUIS MOGAS**

Full Name (Last, First, Middle Initial)  
Mailing Address 27 KNIPP RD

City HOUSTON	State TX	Zip Code 77024-7114
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
45000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141277**

Amount of Each Receipt this Period  
30000.00

Memo Item  
CONTRIBUTION

**C. MRS. ELEANOR R. MOON**

Full Name (Last, First, Middle Initial)  
Mailing Address 1838 RIVER RD

City W COXSACKIE	State NY	Zip Code 12192-3102
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144759**

Amount of Each Receipt this Period  
225.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 894 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JESS EUGENE MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 578 ROCKLEDGE CT  
 City FRISCO State TX Zip Code 75034-2942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation GEOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144199**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JOAN T. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1200  
 City MIDDLEBURG State VA Zip Code 20118-1200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142694**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOHN R. MOREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4439 BRYANT ST  
 City DENVER State CO Zip Code 80211-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143458**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 895 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. JOHN R. MOREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4439 BRYANT ST  
 City DENVER State CO Zip Code 80211-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.146130**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM B. MORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 HILLENDALE AVE  
 City NAZARETH State PA Zip Code 18064-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.141930**  
 Amount of Each Receipt this Period **80.00**  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM B. MORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 HILLENDALE AVE  
 City NAZARETH State PA Zip Code 18064-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.145551**  
 Amount of Each Receipt this Period **80.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>360.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 896 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM B. MORMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 HILLENDALE AVE

City NAZARETH State PA Zip Code 18064-9163

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146509**

Amount of Each Receipt this Period 40.00

Memo Item CONTRIBUTION

**B. LTC JACK K. MORRIS RET.**  
Full Name (Last, First, Middle Initial)

Mailing Address 615 CLARERIDGE LN

City CENTERVILLE State OH Zip Code 45458-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143457**

Amount of Each Receipt this Period 300.00

Memo Item CONTRIBUTION

**C. MR. JAMES MORRISON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 920992

City DUTCH HARBOR State AK Zip Code 99692-0992

FEC ID number of contributing federal political committee. **C**

Name of Employer ILWU Occupation LONGSHOREMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.16

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148999**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	440.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 897 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JANICE MORRISSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 WOODLAND DR.  
 City MANHEIM State PA Zip Code 17545-9556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DANIEL MORRISSEY Occupation FINANCIAL ADVIS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148914**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RICHARD E. MORRIS SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1438 1ST AVE  
 City FAIRVIEW HTS State IL Zip Code 62208-1450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation USAF RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142691**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD E. MORRIS SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1438 1ST AVE  
 City FAIRVIEW HTS State IL Zip Code 62208-1450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation USAF RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146127**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	360.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 898 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARIE B. MORSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3025 WOODCLIFF DR. NW  
 City State Zip Code  
 CANTON OH 44718-3333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143456**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DOROTHY MORTELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12271 BASTIAN RD  
 City State Zip Code  
 HINCKLEY IL 60520-6000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144213**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARY E. MOSSER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2414 FIELDS SOUTH DR.  
 APT 104  
 City State Zip Code  
 CHAMPAIGN IL 61822-3693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 F W WOOLWORTH CO RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147239**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 899 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARY E. MOSSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2414 FIELDS SOUTH DR.  
APT 104

City CHAMPAIGN State IL Zip Code 61822-3693

FEC ID number of contributing federal political committee. **C**

Name of Employer F W WOOLWORTH CO Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147360**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**B. MRS. MARY E. MOSSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2414 FIELDS SOUTH DR.  
APT 104

City CHAMPAIGN State IL Zip Code 61822-3693

FEC ID number of contributing federal political committee. **C**

Name of Employer F W WOOLWORTH CO Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147424**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. MS. PAULINE A. MOTL**  
Full Name (Last, First, Middle Initial)

Mailing Address 245 E CYNTHIA LN

City LA GRANGE State TX Zip Code 78945-3418

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147486**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 900 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. PETER W. MOYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 ABBEY PEAK LN

City INCLINE VILLAGE State NV Zip Code 89451-9386

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143455**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**B. MR. PETER W. MOYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 ABBEY PEAK LN

City INCLINE VILLAGE State NV Zip Code 89451-9386

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.144212**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C. MR. ROBERT K. MUHS SR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5925 91ST AVE SE

City DICKKEY State ND Zip Code 58431-9600

FEC ID number of contributing federal political committee. **C**

Name of Employer FARMER SELF EMPLOYED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143150**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 901 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. ROBERT K. MUHS SR.**

Mailing Address 5925 91ST AVE SE

City State Zip Code  
DICKEY ND 58431-9600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FARMER SELF EMPLOYED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147238**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. DOLORES J. MULLENS**

Mailing Address 1050 CARY SHOP RD

City State Zip Code  
BURKEVILLE VA 23922-2112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HICHORY HILL RET. COMM ADMINISTRATOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143452**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. DARLENE S. MUNFAKH**

Mailing Address 9335 SADDLEBROOK CT

City State Zip Code  
PLYMOUTH MI 48170-3784

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144993**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 902 OF 1531  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ARNOLD S. MUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9708 W HAWTHORNE ST  
 City State Zip Code  
 CRYSTAL RIVER FL 34428-6111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. TEACHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143863**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ARNOLD S. MUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9708 W HAWTHORNE ST  
 City State Zip Code  
 CRYSTAL RIVER FL 34428-6111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. TEACHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145555**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. MS. CHARLOTTE R. MUNNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 S PALOUSE ST  
 City State Zip Code  
 WALLA WALLA WA 99362-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146122**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 903 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. PAM MUNOZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7992 SHORT RD  
 City State Zip Code  
 KLAMATH FALLS OR 97603-8501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOB HALL TRUCKING TRUCKING  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149001**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. PAM MUNOZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7992 SHORT RD  
 City State Zip Code  
 KLAMATH FALLS OR 97603-8501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOB HALL TRUCKING TRUCKING  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151614**  
 Amount of Each Receipt this Period  
 57.92  
 Memo Item  
 CONTRIBUTION

**C. MR. DAVID M. MUNSON SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5128 BROOKVIEW  
 STE 930  
 City State Zip Code  
 DALLAS TX 75220-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150379**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 307.92  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 904 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ADELIA MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 604 RAMSEY BRIDGE RD SE  
 City CLEVELAND State TN Zip Code 37323-8548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143454**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ADELIA MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 604 RAMSEY BRIDGE RD SE  
 City CLEVELAND State TN Zip Code 37323-8548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144753**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JERRY L. MUSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4005 BRANDYWINE DR.  
 City JONESBORO State AR Zip Code 72404-0701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. M D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145580**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 905 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GREGORY MYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19286 DESIREE LN  
 City WOODBRIDGE State CA Zip Code 95258-9262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144194**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JOLYN NARANJO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12440 SYCAMORE AVE  
 City CHINO State CA Zip Code 91710-2758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 3N1 ELECTRIC INC Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149124**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. VENITA M. NEEDHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 ANNA ST  
 City MOSCOW State ID Zip Code 83843-3509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143443**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 906 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. VENITA M. NEEDHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 ANNA ST  
 City MOSCOW State ID Zip Code 83843-3509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.12

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143854**  
 Amount of Each Receipt this Period 107.12  
 Memo Item CONTRIBUTION

**B. MR. RICHARD J. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81 CRESTWOOD DR. APT 16  
 City DALY CITY State CA Zip Code 94015-3224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143445**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**C. MR. RONALD C. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15929 WOODLET WAY CT  
 City CHESTERFIELD State MO Zip Code 63017-5050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MONSANTO CO Occupation RET. ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148397**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	457.12
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 907 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DAVID J. NEMZEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5136 WALNUT PLACE LN  
 City State Zip Code  
 CARMICHAEL CA 95608-3081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145582**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARTHA A. NEUDING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 531 ELM AVE  
 City State Zip Code  
 CIRCLEVILLE OH 43113-1935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142673**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item  
 CONTRIBUTION

**C. BRIGHT NEWHOUSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 671  
 City State Zip Code  
 CLARENDON TX 79226-0671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF SALESMAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143855**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 908 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. BRIGHT NEWHOUSE**

Mailing Address P.O. BOX 671

City CLARENDON State TX Zip Code 79226-0671

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF SALESMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.145589**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. RUTHE NILSON**

Mailing Address 436 HARVEST MOON CIR

City GRAFTON State ND Zip Code 58237-2027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NILSON FARMS RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.145600**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RICHARD C. NOLD**

Mailing Address P.O. BOX 331

City HOPKINSVILLE State KY Zip Code 42241-0331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.143860**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 909 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD C. NOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 331  
 City HOPKINSVILLE State KY Zip Code 42241-0331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.145602**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. JAMES NOONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 70  
 City WINDSOR State SC Zip Code 29856-0070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BSI ENGINEERING Occupation ENGINEER/OWNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.148395**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. JAMES NOONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 70  
 City WINDSOR State SC Zip Code 29856-0070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BSI ENGINEERING Occupation ENGINEER/OWNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.149546**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 910 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES NOONE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 70

City WINDSOR State SC Zip Code 29856-0070

FEC ID number of contributing federal political committee. **C**

Name of Employer BSI ENGINEERING Occupation ENGINEER/OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151164**

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

**B. MR. WILLIAM F. NORDSIEK JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 413 S NEBRASKA AVE

City MORTON State IL Zip Code 61550-2747

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142314**

Amount of Each Receipt this Period 150.00

Memo Item CONTRIBUTION

**C. MR. WILLIAM F. NORDSIEK JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 413 S NEBRASKA AVE

City MORTON State IL Zip Code 61550-2747

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145605**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 911 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GLENN NORFLEET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 BOB WHITE DR.  
 City MANCHESTER State TN Zip Code 37355-5920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1140.32**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.148645**  
 Amount of Each Receipt this Period **20.16**  
 Memo Item  
**CONTRIBUTION**

**B. BETTY NORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 573 WATER TURKEY RETREAT  
 City CHARLESTON State SC Zip Code 29412-9049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation SPEECH PATHOLOG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **235.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.151296**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**C. BETTY NORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 573 WATER TURKEY RETREAT  
 City CHARLESTON State SC Zip Code 29412-9049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation SPEECH PATHOLOG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **235.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.151446**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>220.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 912 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. BETTY NORMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 573 WATER TURKEY RETREAT

City CHARLESTON State SC Zip Code 29412-9049

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation SPEECH PATHOLOG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151546**

Amount of Each Receipt this Period  
 35.00

Memo Item CONTRIBUTION

**B. MS. BETTY NORMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 CHERRYWOOD CIR

City MARSHALL State TX Zip Code 75672-7610

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143861**

Amount of Each Receipt this Period  
 50.00

Memo Item CONTRIBUTION

**C. MS. BETTY NORMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 CHERRYWOOD CIR

City MARSHALL State TX Zip Code 75672-7610

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146113**

Amount of Each Receipt this Period  
 50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 913 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BETTY NORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 CHERRYWOOD CIR  
 City MARSHALL State TX Zip Code 75672-7610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146957**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**B. MR. C MERL NORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39757 573RD ST  
 City ZUMBRO FALLS State MN Zip Code 55991-5229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation OWNER/DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143449**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. C MERL NORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39757 573RD ST  
 City ZUMBRO FALLS State MN Zip Code 55991-5229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation OWNER/DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146112**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 914 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. MILTON G. NORRELL M.D.**  
 Mailing Address P.O. BOX 2117  
 City State Zip Code  
 COLLEGEDALE TN 37315-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NORRELL CLINIC PA RET. M D  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143450**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. MILTON G. NORRELL M.D.**  
 Mailing Address P.O. BOX 2117  
 City State Zip Code  
 COLLEGEDALE TN 37315-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NORRELL CLINIC PA RET. M D  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145606**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. ALICIA F. NOTT**  
 Mailing Address 1885 PIERCE ST  
 City State Zip Code  
 EUGENE OR 97405-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142681**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 915 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. HELEN GREESON O'NEAL**

Mailing Address 4507 ASHE DR.

City BURLINGTON State NC Zip Code 27215-8729

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147354**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. CONNIE C. O'NEIL**

Mailing Address 3214 N 159TH AVE

City OMAHA State NE Zip Code 68116-2453

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147355**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HARVEY E. O'NEILL**

Mailing Address 143 FONTAINBLEAU DR.

City MANDEVILLE State LA Zip Code 70471-6434

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147488**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 916 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES O'NEILL**

Mailing Address 2306 E PINHOOK RD

City LAFAYETTE State LA Zip Code 70501-3956

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.148112**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. LYNN C. OBERLIN**

Mailing Address 5880 W 92ND PL

City WESTMINSTER State CO Zip Code 80031-6502

FEC ID number of contributing federal political committee. **C**

Name of Employer LAKEWOOD ELECTRIC COMPANY Occupation ELECTRICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143448**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. LYNN C. OBERLIN**

Mailing Address 5880 W 92ND PL

City WESTMINSTER State CO Zip Code 80031-6502

FEC ID number of contributing federal political committee. **C**

Name of Employer LAKEWOOD ELECTRIC COMPANY Occupation ELECTRICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.150759**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 917 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MS. ROBIN T. OESTREICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17440 TAYLOR RD  
 City ALVA State FL Zip Code 33920-3219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ORGANIC GROWER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **660.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.144771**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
**CONTRIBUTION**

**B. MS. ROBIN T. OESTREICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17440 TAYLOR RD  
 City ALVA State FL Zip Code 33920-3219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ORGANIC GROWER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **660.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.146434**  
 Amount of Each Receipt this Period **10.00**  
 Memo Item  
**CONTRIBUTION**

**C. MRS. JACQUELINE G. OGDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3244 GALBRAITH LINE RD  
 City BROWN CITY State MI Zip Code 48416-8404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.145598**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 918 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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)  
**The 2016 Committee**

**A. MRS. JACQUELINE G. OGDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3244 GALBRAITH LINE RD  
 City BROWN CITY State MI Zip Code 48416-8404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145599**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MRS. SHIRLEY W. OGLESBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9226 NC HIGHWAY 903  
 City OAK CITY State NC Zip Code 27857-9446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146827**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MRS. SHIRLEY W. OGLESBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9226 NC HIGHWAY 903  
 City OAK CITY State NC Zip Code 27857-9446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147080**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 919 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. MARGUERITE C. OLEYAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41780 BUTTERFIELD STAGE RD  
 City TEMECULA State CA Zip Code 92592-9206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143858**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROGER D. OLLEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9121 N BURR AVE  
 APT 225  
 City PORTLAND State OR Zip Code 97203-2473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144773**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. CHARLES J. OPERSTENY USA RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7575 LEONARD RD  
 City BRYAN State TX Zip Code 77807-9527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. PHYS THERAP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143442**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 920 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. JEANIE ORR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8979 JENNA RD  
 City GERMANTOWN State TN Zip Code 38138-8436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSE WIFE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **900.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.146096**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item CONTRIBUTION

**B. MR. LOUIS D. OSWALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 W 10 RD  
 City AURORA State NE Zip Code 68818-4303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.144797**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item CONTRIBUTION

**C. MRS. PHYLLIS W. OVERLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 SAINT JOHN CIR  
 City LITITZ State PA Zip Code 17543-2211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **323.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.146507**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 921 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. PHYLLIS W. OVERLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 SAINT JOHN CIR  
 City LITITZ State PA Zip Code 17543-2211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148404**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. PHYLLIS W. OVERLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 SAINT JOHN CIR  
 City LITITZ State PA Zip Code 17543-2211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150217**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PHYLLIS W. OVERLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 SAINT JOHN CIR  
 City LITITZ State PA Zip Code 17543-2211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150754**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 922 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DANIEL B. PACKARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8701 SANDRINGHAM AVE

City LAS VEGAS State NV Zip Code 89129-7258

FEC ID number of contributing federal political committee. **C**

Name of Employer SILVER RIDGE HEALTH CARE Occupation RESP THERAPIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143683**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. MR. VINCENT PAGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 38274 BOZEMAN LN

City PATTISON State TX Zip Code 77423-2438

FEC ID number of contributing federal political committee. **C**

Name of Employer DRL ENGINEERING Occupation ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148010**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

**C. MS. MARY PAINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 CHARRO CT

City SANTA ROSA State CA Zip Code 95401-9042

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142656**

Amount of Each Receipt this Period 35.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5135.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 923 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARY PAINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 CHARRO CT  
 City SANTA ROSA State CA Zip Code 95401-9042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143850**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARY PAINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 CHARRO CT  
 City SANTA ROSA State CA Zip Code 95401-9042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146844**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. SHIRLEY M. PALMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57564 REDDING RD  
 City HEPPNER State OR Zip Code 97836-6227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1820.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144801**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	610.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 924 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. SHIRLEY M. PALMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57564 REDDING RD  
 City HEPPNER State OR Zip Code 97836-6227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1820.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147351**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**B. MR. FOXHALL A. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 HONEY HOLLOW RD  
 City POUND RIDGE State NY Zip Code 10576-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148634**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. FOXHALL A. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 HONEY HOLLOW RD  
 City POUND RIDGE State NY Zip Code 10576-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149766**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 925 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MARY T. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 RIDGE PL  
 City LATHAM State NY Zip Code 12110-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 762.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146959**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARY T. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 RIDGE PL  
 City LATHAM State NY Zip Code 12110-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 762.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147300**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARY T. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 RIDGE PL  
 City LATHAM State NY Zip Code 12110-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 762.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148635**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 926 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. RETTA PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4699 KRUEGER RD  
 City WASHINGTON State TX Zip Code 77880-6251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146097**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. ALBERTINA M. PARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22424 N BIRCHWOOD LOOP APT 205  
 City CHUGIAK State AK Zip Code 99567-6481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143437**  
 Amount of Each Receipt this Period 36.00  
 Memo Item  
 CONTRIBUTION

**C. ALBERTINA M. PARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22424 N BIRCHWOOD LOOP APT 205  
 City CHUGIAK State AK Zip Code 99567-6481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146090**  
 Amount of Each Receipt this Period 106.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	442.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 927 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JEFFERY PARKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4671 COLLINS AVE

City ACWORTH State GA Zip Code 30101-5221

FEC ID number of contributing federal political committee. **C**

Name of Employer MCKESSON Occupation PROGRAMMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147569**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**B. MS. SHIRLEY PATTERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 9531 MOUNTAIN LAKE DR.

City OOLTEWAH State TN Zip Code 37363-6210

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.148407**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

**C. E S. PATTIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2404 RAYMOND PL

City HAYMARKET State VA Zip Code 20169-1541

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143848**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 928 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. E S. PATTIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2404 RAYMOND PL

City HAYMARKET State VA Zip Code 20169-1541

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145632**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MS. JANICE PAULL**  
Full Name (Last, First, Middle Initial)

Mailing Address 919 WILLOW GLEN WAY

City SAN JOSE State CA Zip Code 95125-3344

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145635**

Amount of Each Receipt this Period  
 400.00

Memo Item  
CONTRIBUTION

**C. MS. GLORIA J. PELLOM**  
Full Name (Last, First, Middle Initial)

Mailing Address 11588 VIA RANCHO SAN DIEGO  
APT C-2034

City EL CAJON State CA Zip Code 92019-5277

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143173**

Amount of Each Receipt this Period  
 75.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 929 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. DORIS I. PELZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 GOLF WAY  
 City METAMORA State IL Zip Code 61548-8374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143435**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RAMON PEREZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 SE 6TH AVE  
 City DELRAY BEACH State FL Zip Code 33483-5263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation SURGEON  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148070**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. DR. BRADLEY E. PERSONIUS M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 195 SERENITY LN  
 City GRANTS PASS State OR Zip Code 97526-9756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUTHERN OREGON CARDIOLOG Occupation CARDIOLOGIST  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148011**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 930 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DALE R. PETERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 75 DEER VALLEY DR.

City LANDER	State WY	Zip Code 82520-9780
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.142641**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MR. DALE R. PETERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 75 DEER VALLEY DR.

City LANDER	State WY	Zip Code 82520-9780
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.149545**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

**C. MRS. DONALD K. PETERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4020 CHARLESTON AVE

City HUTCHINSON	State KS	Zip Code 67502-4915
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.142318**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 931 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. KAREN J. PETERSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 BEL AIR ST  
 City KEOKUK State IA Zip Code 52632-2926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147296**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM M. PETTY JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4805 SHADY MAPLE LN  
 City WINSTON SALEM State NC Zip Code 27106-8747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149768**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM M. PETTY JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4805 SHADY MAPLE LN  
 City WINSTON SALEM State NC Zip Code 27106-8747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149769**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 932 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WARREN W. PFLANTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1222 TELEGRAPH RD  
 City ARNOLD State MO Zip Code 63010-4048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DES PEYES HOSPITAL Occupation GROUNDKEEPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143180**  
 Amount of Each Receipt this Period 113.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. BONNIE B. PHILLIPS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6125 YELLOWOOD RD  
 City CHARLOTTE State NC Zip Code 28210-7048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151329**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM E. PICKENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 102  
 City WARE NECK State VA Zip Code 23178-0102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ARCHITECT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143431**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	863.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 933 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM E. PICKENS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 102

City WARE NECK State VA Zip Code 23178-0102

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation ARCHITECT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144188**

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

**B. MR. STANLEY W. PINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 505 EAGLE RIDGE LN

City KALISPELL State MT Zip Code 59901-9021

FEC ID number of contributing federal political committee. **C**

Name of Employer CROSS ENTERPRISE RESTAURA Occupation RESTAURANT MMG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146103**

Amount of Each Receipt this Period 450.00

Memo Item CONTRIBUTION

**C. MR. LARRY PLATT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 STONE MARKET CT

City COLUMBIA State SC Zip Code 29212-0916

FEC ID number of contributing federal political committee. **C**

Name of Employer DIVERSIFIED OPHTHALMICS I Occupation OPTICIAN, GP CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.17

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151049**

Amount of Each Receipt this Period 20.16

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 720.16

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 934 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. WANDA L. PLEMMONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 SW PARK AVE  
 City LAWTON State OK Zip Code 73501-5340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145608**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROGER PLOEGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2775 M AVE  
 City DENISON State IA Zip Code 51442-7544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141299**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROGER PLOEGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2775 M AVE  
 City DENISON State IA Zip Code 51442-7544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141329**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 935 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. DENNIS PLUMMER M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3411 IRVING LN  
 City AMARILLO State TX Zip Code 79121-1510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143433**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RUSSELL POFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3802 HAYES ST UNIT 240  
 City NEWBERG State OR Zip Code 97132-7513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147428**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. HELEN F. POGUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 356 S GOLDEN EAGLE LN  
 City EAGLE State ID Zip Code 83616-6077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144179**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 936 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. AUGUSTUS J. POLHILL III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 PETERSON LN  
 City LAKEWAY State TX Zip Code 78734-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147232**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARION F. POLMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 MAIN ST  
 City GARLAND State TX Zip Code 75040-6323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer R DELTA ENGINEERS INC Occupation ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145622**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JACQUELINE PORTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 W WILSON BLVD  
 City HAGERSTOWN State MD Zip Code 21740-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143423**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	435.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 937 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JACQUELINE PORTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 W WILSON BLVD  
 City HAGERSTOWN State MD Zip Code 21740-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144180**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MARC S. POSSIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6093 N 2200TH AVE  
 City GENESEO State IL Zip Code 61254-8834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150757**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MARC S. POSSIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6093 N 2200TH AVE  
 City GENESEO State IL Zip Code 61254-8834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151326**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 938 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD J. POTUZAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 W NICKLAUS AVE  
 THE POTUZAK FAMILY TRUST  
 City KALISPELL State MT Zip Code 59901-2779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145617**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ARNOLD C. POUTALA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12353 SE LUSTED RD  
 City SANDY State OR Zip Code 97055-7557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation MEDICARE SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150212**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOHN T. PRATT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1479 SW SHORELINE DR.  
 City PALM CITY State FL Zip Code 34990-4535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144181**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 939 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. HAROLD PREECE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 ALEXANDER LOOP  
 APT 227  
 City EUGENE State OR Zip Code 97401-6584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. IBM  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147297**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MS. AILENE PRESTAGE POA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 TAFT BLVD 145  
 City WICHITA FALLS State TX Zip Code 76308-4935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144984**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. M SOLFRID PRICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2110 ALDERCREST ST  
 City SEASIDE State OR Zip Code 97138-7742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143424**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 940 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MRS. NORDY PRIERES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 632 SW 13TH AVE  
 City MIAMI State FL Zip Code 33135-3914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147575**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ANDREW PRINGLE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5274 E HARBOR RD  
 City FREELAND State WA Zip Code 98249-9503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. MAJ/GENUSAF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147574**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BARBARA A. PRUITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4920 OSAGE ST  
 City SWEET HOME State OR Zip Code 97386-3258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141922**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 941 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. HUBERT L. PULLIAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 15  
 City MITCHELL State GA Zip Code 30820-0015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OWNER Occupation CATTLE FARM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141501**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
**CONTRIBUTION**

**B. MR. HUBERT L. PULLIAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 15  
 City MITCHELL State GA Zip Code 30820-0015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OWNER Occupation CATTLE FARM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143426**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

**C. MR. HUBERT L. PULLIAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 15  
 City MITCHELL State GA Zip Code 30820-0015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OWNER Occupation CATTLE FARM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146839**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE 942 OF 1531
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GREGORY PYATIGORSKY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1800 N COLE RD  
APT K206

City BOISE State ID Zip Code 83704-7388

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
02 / 01 / 2016  
**Transaction ID : SA11.142611**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**B. MR. GREGORY PYATIGORSKY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1800 N COLE RD  
APT K206

City BOISE State ID Zip Code 83704-7388

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
02 / 01 / 2016  
**Transaction ID : SA11.145667**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**C. MS. KATHRYN LOUISE QUACKENBUSH**

Full Name (Last, First, Middle Initial)  
Mailing Address 7550 N 16TH ST  
APT 6132

City PHOENIX State AZ Zip Code 85020-7640

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.00

Date of Receipt  
02 / 01 / 2016  
**Transaction ID : SA11.143408**

Amount of Each Receipt this Period  
2.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	152.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 943 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN QUALY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 BRENTMOOR PARK  
 City Clayton State MO Zip Code 63105-3067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHWESTERN MUTUAL Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148211**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. MR. JOHN QUALY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 BRENTMOOR PARK  
 City Clayton State MO Zip Code 63105-3067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHWESTERN MUTUAL Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150227**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MS. GERALDINE RADUNZEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21932 STONEY CREEK PL  
 City Cottonwood State CA Zip Code 96022-7609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144810**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 944 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. GERALDINE RADUNZEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21932 STONEY CREEK PL  
 City State Zip Code  
 COTTONWOOD CA 96022-7609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145668**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LAWRENCE F. RAKUNAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 WILLOWGATE LN  
 City State Zip Code  
 SAINT CHARLES IL 60174-4143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148428**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. RACHEL M. RAMOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 N GARDEN RIDGE BLVD  
 APT 1206  
 City State Zip Code  
 LEWISVILLE TX 75077-2969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147179**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 945 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. RACHEL M. RAMOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 N GARDEN RIDGE BLVD  
APT 1206

City LEWISVILLE State TX Zip Code 75077-2969

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.32

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.150947

Amount of Each Receipt this Period  
20.16

Memo Item CONTRIBUTION

**B. COPELAND RANDOLPH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1609 REDROCK DR.

City GALLUP State NM Zip Code 87301-5651

FEC ID number of contributing federal political committee. **C**

Name of Employer INDIAN HEALTH SERVICE, PH Occupation ORTHOPAEDIC SUR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.149869

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**C. MR. ARTHUR R. RANEY JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1020 WESTBROOK DR.

City MOORESVILLE State IN Zip Code 46158-1033

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.141727

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 946 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ARTHUR R. RANEY JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 WESTBROOK DR.  
 City MOORESVILLE State IN Zip Code 46158-1033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146853**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ARTHUR R. RANEY JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 WESTBROOK DR.  
 City MOORESVILLE State IN Zip Code 46158-1033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147435**  
 Amount of Each Receipt this Period 57.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ADAM RAPACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5821 PEBBLE RIDGE DR.  
 City MILTON State FL Zip Code 32583-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DEPT. OF THE NAVY Occupation INSTRUCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.48

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147759**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 947 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. ADAM RAPACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5821 PEBBLE RIDGE DR.  
 City Milton State FL Zip Code 32583-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DEPT. OF THE NAVY Occupation INSTRUCTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.48**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.149536**  
 Amount of Each Receipt this Period **20.16**  
 Memo Item  
 CONTRIBUTION

**B. MR. ADAM RAPACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5821 PEBBLE RIDGE DR.  
 City Milton State FL Zip Code 32583-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DEPT. OF THE NAVY Occupation INSTRUCTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.48**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.149718**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item  
 CONTRIBUTION

**C. MR. ADAM RAPACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5821 PEBBLE RIDGE DR.  
 City Milton State FL Zip Code 32583-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DEPT. OF THE NAVY Occupation INSTRUCTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.48**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.151249**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.16</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 948 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MRS. ROSEMARY B. RASMUSSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62-3610 LOLII WAY  
 APT D2  
 City KAMUELA State HI Zip Code 96743-8765  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146079**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. CARROLL J. RAUERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4482 SKY PARK RD  
 City GRAND ISLAND State NE Zip Code 68801-9104  
 Name of Employer Occupation  
 RETIRED RET. FARMER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143403**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES E. RAYNESFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4419 CANEHILL AVE  
 City LAKEWOOD State CA Zip Code 90713-2923  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143404**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 949 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. JAMES E. RAYNESFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4419 CANEHILL AVE  
 City LAKEWOOD State CA Zip Code 90713-2923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143692**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. BOBBIE RECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2229 N 1950 ST  
 City SAINT ELMO State IL Zip Code 62458-4137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPS Occupation FIELD REP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151174**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MELVIN REED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1248 FRICK RD  
 City LEONARD State MI Zip Code 48367-3174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation MED SCHOOL PROF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150228**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 950 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. MELVIN REED**

Mailing Address 1248 FRICK RD

City LEONARD      State MI      Zip Code 48367-3174

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED      Occupation MED SCHOOL PROF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150657**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. KAREN REEDER**

Mailing Address 6843 E WILLIAMS CREEK RD

City THATCHER      State ID      Zip Code 83283-5805

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143407**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. LARRY J. REICHERT**

Mailing Address 341 210TH AVE

City HAYS      State KS      Zip Code 67601-9600

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146962**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 951 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. LARRY J. REICHERT**  
 Mailing Address 341 210TH AVE  
 City State Zip Code  
 HAYS KS 67601-9600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147495**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GLENN REINDERS**  
 Mailing Address 3479 SHERMAN RD  
 City State Zip Code  
 JACKSON WI 53037-9778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RET. TEST ENG  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145658**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. GLENN REINDERS**  
 Mailing Address 3479 SHERMAN RD  
 City State Zip Code  
 JACKSON WI 53037-9778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RET. TEST ENG  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146856**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 952 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. FRED REINHARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 874 COLUMBIA AVE  
 City PALMERTON State PA Zip Code 18071-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PENCOR SERVICES Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148614**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. HENRY REINKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2917 REGNER RD  
 City MCHENRY State IL Zip Code 60051-6943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation BUSINESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146071**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. GARY M. REISER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 295  
 City LONE PINE State CA Zip Code 93545-0295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CAR WASH OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142332**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 953 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN W. REISHUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5161 E 50 N

City KOKOMO State IN Zip Code 46901-8888

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.144804**

Amount of Each Receipt this Period  
20.00

Memo Item CONTRIBUTION

**B. MR. JAMES REMILLARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9650 S OCEAN DR.  
APT 1406

City JENSEN BEACH State FL Zip Code 34957-2324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.143194**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. MR. LEON RENEAU**  
Full Name (Last, First, Middle Initial)

Mailing Address 5438 FELTER RD

City SAN JOSE State CA Zip Code 95132-3405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.144161**

Amount of Each Receipt this Period  
400.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 954 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. GLENN G. REX**

Mailing Address 12200 SPERRY RD

City State Zip Code  
CHESTERLAND OH 44026-2233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 01 / 2016**

**Transaction ID : SA11.145656**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ROMANA REYES**

Mailing Address 35 FERNDAL LN

City State Zip Code  
LINCOLN PARK NJ 07035-2106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JERSEY CITY MEDICAL CENTE R.N.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 01 / 2016**

**Transaction ID : SA11.148012**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JEAN L. REYNOLDS**

Mailing Address 9 PRATT ST

City State Zip Code  
FREEPORT ME 04032-6729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 01 / 2016**

**Transaction ID : SA11.147350**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 955 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. STACY REYNOLDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 WINDWARD RD

City FORT WORTH State TX Zip Code 76132-1020

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146857**

Amount of Each Receipt this Period  
 300.00

Memo Item  
CONTRIBUTION

**B. MS. JANET RHOTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 12312 BRECKENRIDGE DR.

City EAGLE RIVER State AK Zip Code 99577-7657

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.149716**

Amount of Each Receipt this Period  
 75.00

Memo Item  
CONTRIBUTION

**C. MR. ROBERT J. RICARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 231 INVERNESS PL

City GLENDORA State CA Zip Code 91741-3940

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.144160**

Amount of Each Receipt this Period  
 1500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 956 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MR. BERT L. RICE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1217 HILLCREST RD

City ODEnton State MD Zip Code 21113-2005

FEC ID number of contributing federal political committee. **C**

Name of Employer US ARMY Occupation DEPT OF ARMY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
Transaction ID : SA11.141507

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

**B. MR. BERT L. RICE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1217 HILLCREST RD

City ODEnton State MD Zip Code 21113-2005

FEC ID number of contributing federal political committee. **C**

Name of Employer US ARMY Occupation DEPT OF ARMY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
Transaction ID : SA11.143416

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

**C. MR. RONALD A. RITTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2037 E MISSION RD

City FALLBROOK State CA Zip Code 92028-1806

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation CLERGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 645.16

Date of Receipt 02 / 01 / 2016  
Transaction ID : SA11.143833

Amount of Each Receipt this Period 150.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 957 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. RONALD A. RITTER**

Mailing Address 2037 E MISSION RD

City State Zip Code  
FALLBROOK CA 92028-1806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED CLERGY

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
645.16

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.149720**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RONALD A. RITTER**

Mailing Address 2037 E MISSION RD

City State Zip Code  
FALLBROOK CA 92028-1806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED CLERGY

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
645.16

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.149721**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RONALD A. RITTER**

Mailing Address 2037 E MISSION RD

City State Zip Code  
FALLBROOK CA 92028-1806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED CLERGY

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
645.16

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.150222**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 958 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RONALD A. RITTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2037 E MISSION RD

City FALLBROOK State CA Zip Code 92028-1806

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation CLERGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **645.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.150753**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**B. MS. BETTY LOU ROACH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4710 BETHLEHEM RD

City PLANT CITY State FL Zip Code 33566-8225

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETUSPOSTALSERV

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.143832**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**C. MRS. DOROTHY E. ROBBINS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 392

City SHASTA State CA Zip Code 96087-0392

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation TEACHER, WRITER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.143190**

Amount of Each Receipt this Period  
**150.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **350.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 959 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. CARLA ROBERTSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 CRESTWOOD DR.

City HEWITT State TX Zip Code 76643-3830

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.151042**

Amount of Each Receipt this Period  
 100.00

Memo Item CONTRIBUTION

**B. MR. ROBERT LEE ROBERTSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 14462 CHANDLERVILLE RD

City BEARDSTOWN State IL Zip Code 62618-7701

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.142624**

Amount of Each Receipt this Period  
 100.00

Memo Item CONTRIBUTION

**C. MR. ROBERT LEE ROBERTSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 14462 CHANDLERVILLE RD

City BEARDSTOWN State IL Zip Code 62618-7701

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145681**

Amount of Each Receipt this Period  
 100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 960 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. CLIFF ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 N 350 E  
 City RUPERT State ID Zip Code 83350-9493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143417**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. JAMES W. RODGERS WWII VET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6600 CHERRY HILL RD  
 City BALDWIN State MD Zip Code 21013-9347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **648.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.145679**  
 Amount of Each Receipt this Period **216.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. JAMES W. RODGERS WWII VET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6600 CHERRY HILL RD  
 City BALDWIN State MD Zip Code 21013-9347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **648.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.146849**  
 Amount of Each Receipt this Period **216.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>532.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 961 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. NORMAN RODRIGUEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 698 EATON ST  
 City MEMPHIS State TN Zip Code 38120-2803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4025.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144816**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. MR. REUBEN R. ROEHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7900 HOPE LN  
 City YAKIMA State WA Zip Code 98903-9629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143835**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. KENNETH L. ROLFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 SE FOUNDATION DR.  
 City DALLAS State OR Zip Code 97338-9755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. APPRAISER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143418**  
 Amount of Each Receipt this Period 225.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 962 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. NANCY ROLFS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4201 LAKESIDE AVE N  
 APT 202  
 City BROOKLYN CENTER State MN Zip Code 55429-3822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143187**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ELNA M. ROOP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5703 LAKEMERE DR.  
 City NORTH CHESTERFIELD State VA Zip Code 23234-4786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146850**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. STEVE RORICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12231 E 185TH ST  
 City ARTESIA State CA Zip Code 90701-5908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148145**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 963 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BETTY G. ROSE-ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address HC 71 BOX 4105  
 City AVA State MO Zip Code 65608-8932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143592**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CARL E. ROSEMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10934 PORTAGE RD  
 City PORTAGE State MI Zip Code 49002-7309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147616**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES S. ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7381 SE 172ND LEGACY LN  
 City THE VILLAGES State FL Zip Code 32162-5346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143212**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 964 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES S. ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7381 SE 172ND LEGACY LN  
 City THE VILLAGES State FL Zip Code 32162-5346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145729**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES S. ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7381 SE 172ND LEGACY LN  
 City THE VILLAGES State FL Zip Code 32162-5346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145730**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES ROY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36550 GRANDRIVER AVE  
 City FARMINGTON HILLS State MI Zip Code 48335-3064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED EDUCATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148440**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 965 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES ROY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36550 GRANDRIVER AVE  
 City FARMINGTON HILLS State MI Zip Code 48335-3064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation EDUCATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150962**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 CONTRIBUTION

**B. MS. EVELYN L. ROYAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3144 GRACEFIELD RD APT 128  
 City SILVER SPRING State MD Zip Code 20904-5879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144425**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 CONTRIBUTION

**C. MR. HEINZ RUDOLF M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 BRADINGTON PL  
 City COLUMBIA State IL Zip Code 62236-2558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143591**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 302.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 966 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. HEINZ RUDOLF M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 BRADINGTON PL

City COLUMBIA State IL Zip Code 62236-2558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC RET. PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.144849

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**B. MS. JOAN B. RUGGLES**  
Full Name (Last, First, Middle Initial)

Mailing Address 202 N LAFAYETTE ST

City LAFAYETTE State AL Zip Code 36862-1724

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.143590

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**C. MS. JOAN B. RUGGLES**  
Full Name (Last, First, Middle Initial)

Mailing Address 202 N LAFAYETTE ST

City LAFAYETTE State AL Zip Code 36862-1724

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 01 / 2016  
Transaction ID : SA11.146303

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 967 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MRS. EMMA LOU RUSK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 CARTER PL  
 City WINCHESTER State VA Zip Code 22602-6428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KOHL'S Occupation TRUCK UNLOADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147269**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JEROME D. RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 806 BUCHANAN BLVD STE 115  
 City BOULDER CITY State NV Zip Code 89005-2144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147649**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LARRY RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 CINDER CT  
 City SACRAMENTO State CA Zip Code 95831-2738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation DATABASE DESIGN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150682**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 968 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. LARRY RYAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 CINDER CT

City SACRAMENTO	State CA	Zip Code 95831-2738
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation DATABASE DESIGN
-----------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151182**

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

**B. MS. ESTHER SAFRANSKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 E 2ND ST

City OGLESBY	State IL	Zip Code 61348-1516
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144860**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**C. MS. ADDIE SALTZMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 FOREST DR.

City ROSWELL	State NM	Zip Code 88203-2605
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143588**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 969 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. RAYMOND D. SAUER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 91-967 AKAHOLO ST  
 City EWA BEACH State HI Zip Code 96706-2203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142343**  
 Amount of Each Receipt this Period 105.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RAYMOND D. SAUER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 91-967 AKAHOLO ST  
 City EWA BEACH State HI Zip Code 96706-2203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145035**  
 Amount of Each Receipt this Period 140.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RALPH SCHABER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4845 CRESTHAVEN DR.  
 City LINCOLN State NE Zip Code 68516-1236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RET. RADIOL TECH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145034**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 970 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. PAUL G. SCHEE**

Mailing Address 431 PRAIRIE CENTER DR.  
APT 301

City State Zip Code  
EDEN PRAIRIE MN 55344-7980

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144856**

Amount of Each Receipt this Period  
130.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ELEANOR J. SCHIEFFELIN**

Mailing Address P.O. BOX 39

City State Zip Code  
EMIGRANT MT 59027-0039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142097**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ELEANOR J. SCHIEFFELIN**

Mailing Address P.O. BOX 39

City State Zip Code  
EMIGRANT MT 59027-0039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143961**

Amount of Each Receipt this Period  
1700.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2130.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 971 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MRS. DOROTHY M. SCHLEICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 E WALNUT ST  
 APT 121  
 City CANTON State IL Zip Code 61520-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142355**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. DOROTHY M. SCHLEICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 E WALNUT ST  
 APT 121  
 City CANTON State IL Zip Code 61520-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145763**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. CHERYL A. SCHMITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 RHONDA AVE  
 City AMARILLO State TX Zip Code 79118-5744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141513**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 972 OF 1531  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN H. SCHMIDT**  
Mailing Address 20513 NW 13TH ST  
City State Zip Code  
DUNNELLON FL 34431-1517  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**480.64**

Date of Receipt  
MM / DD / YYYY  
**02 / 01 / 2016**  
**Transaction ID : SA11.145761**  
Amount of Each Receipt this Period  
**100.00**  
 Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN H. SCHMIDT**  
Mailing Address 20513 NW 13TH ST  
City State Zip Code  
DUNNELLON FL 34431-1517  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**480.64**

Date of Receipt  
MM / DD / YYYY  
**02 / 01 / 2016**  
**Transaction ID : SA11.148142**  
Amount of Each Receipt this Period  
**100.00**  
 Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN H. SCHMIDT**  
Mailing Address 20513 NW 13TH ST  
City State Zip Code  
DUNNELLON FL 34431-1517  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**480.64**

Date of Receipt  
MM / DD / YYYY  
**02 / 01 / 2016**  
**Transaction ID : SA11.149617**  
Amount of Each Receipt this Period  
**20.16**  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **220.16**  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 973 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN H. SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20513 NW 13TH ST  
 City State Zip Code  
 DUNNELLON FL 34431-1517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150688**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN H. SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20513 NW 13TH ST  
 City State Zip Code  
 DUNNELLON FL 34431-1517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150968**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**C. MRS. CHERI S. SCHNEIDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2325 CHANTILLY DR.  
 City State Zip Code  
 KNOXVILLE TN 37917-3512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145757**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 974 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. IRIS E. SCHOOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3055 BITTERSWEET LN  
 City ODESSA State MO Zip Code 64076-6274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **310.00**

Date of Receipt: **02 / 01 / 2016**  
**Transaction ID : SA11.144402**  
 Amount of Each Receipt this Period: **30.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. R E. SCHROEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 831 W ARDUSSI ST  
 City FRANKENMUTH State MI Zip Code 48734-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5912.00**

Date of Receipt: **02 / 01 / 2016**  
**Transaction ID : SA11.143581**  
 Amount of Each Receipt this Period: **924.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. R E. SCHROEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 831 W ARDUSSI ST  
 City FRANKENMUTH State MI Zip Code 48734-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5912.00**

Date of Receipt: **02 / 01 / 2016**  
**Transaction ID : SA11.146579**  
 Amount of Each Receipt this Period: **1256.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2210.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 975 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MS. JUDY SCHULTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1611 BUTTE DES MORTS BEACH RD  
 City NEENAH State WI Zip Code 54956-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147382**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JUDY SCHULTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1611 BUTTE DES MORTS BEACH RD  
 City NEENAH State WI Zip Code 54956-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147613**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**C. C J. SCHWAHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9574 NEWPORT PLUM CT  
 City COLORADO SPRINGS State CO Zip Code 80920-2806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WEYERHAEUSER SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149027**  
 Amount of Each Receipt this Period  
 201.60  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 551.60  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 976 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**The 2016 Committee**

**A. MR. RICHARD D. SCHWARTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 SE WILSON AVE  
 RM 332  
 City BEND State OR Zip Code 97702-1794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation EVANGELISM  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141514**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MR. STEVEN C. SCHWACOFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 836 ARENA CT  
 City HEMET State CA Zip Code 92545-1570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CIVIL ENG  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144403**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**C. MR. STEVEN C. SCHWACOFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 836 ARENA CT  
 City HEMET State CA Zip Code 92545-1570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CIVIL ENG  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151353**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 977 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. STEVEN C. SCHWACOFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 836 ARENA CT  
 City HEMET State CA Zip Code 92545-1570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CIVIL ENG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151553**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ELSIE H. SCHWERIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2523 FAIRMOUNT CHURCH RD  
 City SEWICKLEY State PA Zip Code 15143-8607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142085**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LARRY SCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4174 N VILLAGE ST  
 City BUCKEYE State AZ Zip Code 85396-3559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 911 ETC INC Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147967**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 670.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 978 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. IRMA SCURA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11040 STAFFORD RD

City GOWANDA	State NY	Zip Code 14070-9609
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143583**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MS. IRMA SCURA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11040 STAFFORD RD

City GOWANDA	State NY	Zip Code 14070-9609
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144406**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**C. MR. J W. SEARLES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2191 WOODLYNN AVE

City SAINT PAUL	State MN	Zip Code 55109-1456
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143584**

Amount of Each Receipt this Period  
 50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 979 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MRS. MARJORIE A. SEASLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 371 MARYLHURST DR.  
 City DAYTON State OH Zip Code 45459-2855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143222**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARJORIE A. SEASLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 371 MARYLHURST DR.  
 City DAYTON State OH Zip Code 45459-2855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144863**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARJORIE A. SEASLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 371 MARYLHURST DR.  
 City DAYTON State OH Zip Code 45459-2855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146887**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 980 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. ELLIOTT M. SELLNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1809 PRAIRIE AVE SW  
 City FARIBAULT State MN Zip Code 55021-5514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147611**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MS. LUCY T. SENSING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9135 OLDSMYRNA RD  
 City BRENTWOOD State TN Zip Code 37027-6103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141738**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. MR. STANLEY G. SEWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4865 S PITCH DR.  
 City RAPID CITY State SD Zip Code 57703-0179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE LITTLE PRINT SHOP, IN Occupation OFFICE MGR RET.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145766**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 981 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. STEVE J. SEWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2460  
 City SEGUIN State TX Zip Code 78156-2460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147267**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. MR. STEVE J. SEWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2460  
 City SEGUIN State TX Zip Code 78156-2460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147380**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. MR. RONALD J. SHANDOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25117 HICKORY RIDGE LN  
 City GAITHERSBURG State MD Zip Code 20882-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149993**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 982 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RONALD J. SHANDOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25117 HICKORY RIDGE LN  
 City State Zip Code  
 GAITHERSBURG MD 20882-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150796**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MARTIN SHARDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2563 SCARLET OAK DR. SE  
 City State Zip Code  
 GRAND RAPIDS MI 49512-9137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147156**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MARTIN SHARDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2563 SCARLET OAK DR. SE  
 City State Zip Code  
 GRAND RAPIDS MI 49512-9137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RET. PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147308**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 983 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MARTIN SHARDA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2563 SCARLET OAK DR. SE  
 City GRAND RAPIDS State MI Zip Code 49512-9137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147612**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**B. MR. PAUL S. SHAVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 RIDGEWOOD DR.  
 City NORTH SYRACUSE State NY Zip Code 13212-3222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LIVERPOOL CENTRAL SCHOOLS Occupation RET. H S TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143577**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. MRS. JEANNE A. SHEA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1691 GLEN ETHEL LN  
 City LONGWOOD State FL Zip Code 32779-2769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143230**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 984 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. W GARY SHELDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 818 5TH AVE N  
 City State Zip Code  
 GREAT FALLS MT 59401-1532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145783**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. THEORA SHELLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10624 E TERRA DR.  
 City State Zip Code  
 SCOTTSDALE AZ 85258-6118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145784**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JOYCE P. SHIERLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9740 WHITESVILLE RD  
 City State Zip Code  
 FORTSON GA 31808-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMP RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 424.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143579**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	406.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 985 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JOYCE P. SHIERLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9740 WHITESVILLE RD  
 City FORTSON State GA Zip Code 31808-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMP Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 424.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146457**  
 Amount of Each Receipt this Period 106.00  
 Memo Item CONTRIBUTION

**B. MRS. JANE H. SHIROMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1475 ONIPAA ST  
 City HONOLULU State HI Zip Code 96819-1733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144871**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. MRS. JANE H. SHIROMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1475 ONIPAA ST  
 City HONOLULU State HI Zip Code 96819-1733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146881**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	406.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 986 OF 1531
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. DEBORAH SHLAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16255 SUMMER SAGE RD  
 City POWAY State CA Zip Code 92064-1437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148016**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DEBORAH SHLAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16255 SUMMER SAGE RD  
 City POWAY State CA Zip Code 92064-1437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150259**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JOANN SHRINER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2706 FERNLEAF RD  
 City CHARLOTTE SVLE State VA Zip Code 22911-8277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1130.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142091**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 987 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. JOANN SHRINER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2706 FERNLEAF RD

City CHARLOTTESVLE State VA Zip Code 22911-8277

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1130.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.142092**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. MS. JOANN SHRINER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2706 FERNLEAF RD

City CHARLOTTESVLE State VA Zip Code 22911-8277

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1130.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143952**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. MS. JOANN SHRINER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2706 FERNLEAF RD

City CHARLOTTESVLE State VA Zip Code 22911-8277

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1130.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146883**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 988 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. FRANCES M. SHULER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1031 WAGON WHEEL CT  
 City GARDNERVILLE State NV Zip Code 89460-8953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143700**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM K. SIMMONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 MELODY LN  
 City DUNCANVILLE State TX Zip Code 75116-4610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149428**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ALLEN SIMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1383 N CRISS ST  
 City CHANDLER State AZ Zip Code 85226-1307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149310**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 989 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. ALLEN SIMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1383 N CRISS ST  
 City CHANDLER State AZ Zip Code 85226-1307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150444**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. WYATT C. SIMPSON JR. M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1816 SKYPARK RD  
 City FLORENCE State AL Zip Code 35634-2418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ORTHOPEDIC SURG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151235**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. WYATT C. SIMPSON JR. M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1816 SKYPARK RD  
 City FLORENCE State AL Zip Code 35634-2418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ORTHOPEDIC SURG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151392**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 990 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. WYATT C. SIMPSON JR. M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1816 SKYPARK RD  
 City FLORENCE State AL Zip Code 35634-2418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ORTHOPEDIC SURG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.151463**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. EDWARD SLAYBAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4170 WINTERGREEN BLVD  
 City COLUMBUS State OH Zip Code 43230-1072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.144831**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. HAROLD SLICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 963 S CREEKVIEW LN  
 City ANAHEIM State CA Zip Code 92808-1444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.147498**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 991 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BOBBIE S. SLUSHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1110 STACK RD  
 City MONROE State NC Zip Code 28112-9443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144447**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WARREN L. SMINK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10960 OLD FREDERICK RD  
 City WOODSTOCK State MD Zip Code 21163-1302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143607**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. KATHLEEN L. SMITHEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6205 WESTMINSTER CT  
 City SPRINGFIELD State IL Zip Code 62711-6728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145689**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 992 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LARRY C. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38315 COUNTY ROAD RR  
 City OTIS State CO Zip Code 80743-9341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DEL MONT CONSULTANTS Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147388**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. LINDA A. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 721 MULLINS HILL CIR  
 City HUNTSVILLE State AL Zip Code 35802-1977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AC INC Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149313**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MABEL R. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1255 N BROADWAY APT 306  
 City ESCONDIDO State CA Zip Code 92026-2858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 424.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143612**  
 Amount of Each Receipt this Period 159.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	559.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 993 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. MABEL R. SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1255 N BROADWAY  
APT 306

City ESCONDIDO State CA Zip Code 92026-2858

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
424.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.144827**

Amount of Each Receipt this Period  
159.00

Memo Item  
CONTRIBUTION

**B. MR. MARTIN SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 BURNETT LN

City VINCENNES State IN Zip Code 47591-5013

FEC ID number of contributing federal political committee. **C**

Name of Employer SMITH SALES INC Occupation RETAILER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.145699**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C. MS. KAREN SNOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 BOULDER RIDGE DR.

City HENDERSONVILLE State NC Zip Code 28792-6485

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.150955**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	509.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 994 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JUNE A. SOMMER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1114 GUINEA DR.  
City HOUSTON State TX Zip Code 77055-7508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS MEDICAL TECH  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.143611**  
Amount of Each Receipt this Period  
300.00  
 Memo Item  
CONTRIBUTION

**B. MRS. JUNE A. SOMMER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1114 GUINEA DR.  
City HOUSTON State TX Zip Code 77055-7508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS MEDICAL TECH  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.146448**  
Amount of Each Receipt this Period  
300.00  
 Memo Item  
CONTRIBUTION

**C. MRS. JOYCE D. SOUTHERN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4527 GAYNOR RD  
City CHARLOTTE State NC Zip Code 28211-3000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
AT&T CO. RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.141742**  
Amount of Each Receipt this Period  
250.00  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 995 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. AILEEN F. SPANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3942 E ACACIA AVE

City	State	Zip Code
FRESNO	CA	93726-0907

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143596**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MRS. AILEEN F. SPANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3942 E ACACIA AVE

City	State	Zip Code
FRESNO	CA	93726-0907

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.144839**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. GENE E. SPEAKMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 S TETON AVE

City	State	Zip Code
SUGAR CITY	ID	83448-5036

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED M.D.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143964**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 996 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JUDITH D. SPECHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 233 LONG POINT RD  
 City STEVENSVILLE State MD Zip Code 21666-3641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHROP GRUMMAN CORP Occupation RETSOLTWAREENGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146872**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. PATRICIA W. SPENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7552 STONEVALLEY BLF  
 City CLARKSTON State MI Zip Code 48348-4377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146308**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. ANNE K. ST CLAIR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8900 INGLESIDE FARM LN  
 City MECHANICSVILLE State VA Zip Code 23111-2600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147502**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 997 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MICHAEL D. STANTON-HICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11405 CLEARFIELD LN  
 City CHARDON State OH Zip Code 44024-9051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CCF Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141527**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. MR. MICHAEL D. STANTON-HICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11405 CLEARFIELD LN  
 City CHARDON State OH Zip Code 44024-9051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CCF Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147271**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
**CONTRIBUTION**

**C. MR. MICHAEL D. STANTON-HICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11405 CLEARFIELD LN  
 City CHARDON State OH Zip Code 44024-9051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CCF Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147439**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 998 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ED STAROSTOVIC**  
Full Name (Last, First, Middle Initial)

Mailing Address 2620 MARILYN DR.

City STOUGHTON State WI Zip Code 53589-4147

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 01 / 2016  
**Transaction ID : SA11.146871**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. MR. JEFFREY STEINKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 98

City ROCHESTER State VT Zip Code 05767-0098

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7000.00

Date of Receipt  
02 / 01 / 2016  
**Transaction ID : SA11.144836**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. MR. CURTIS ED STEVENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 15242 CHERBOURG AVE

City IRVINE State CA Zip Code 92604-3121

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
424.00

Date of Receipt  
02 / 01 / 2016  
**Transaction ID : SA11.144434**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3700.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 999 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. CURTIS ED STEVENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 15242 CHERBOURG AVE

City IRVINE State CA Zip Code 92604-3121

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **424.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.149874**

Amount of Each Receipt this Period  
**12.00**

Memo Item  
CONTRIBUTION

**B. MS. PATRICIA STEWART**  
Full Name (Last, First, Middle Initial)

Mailing Address 504 NW WINTERS CREEK RD

City PALM CITY State FL Zip Code 34990-8096

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.144433**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

**C. MS. MARTHA STILES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3168 ROXBURG DR.

City LEXINGTON State KY Zip Code 40503-3439

FEC ID number of contributing federal political committee. **C**

Name of Employer PIKEVILLE UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.145716**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>762.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1000 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. RONALD G. STINEBISER USN RET.**

Mailing Address 1195 LA MOREE RD  
SPC 112

City State Zip Code  
SAN MARCOS CA 92078-4531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US NAVY RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.142055**

Amount of Each Receipt this Period  
80.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RONALD G. STINEBISER USN RET.**

Mailing Address 1195 LA MOREE RD  
SPC 112

City State Zip Code  
SAN MARCOS CA 92078-4531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US NAVY RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.142056**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ROSALIE L. STRANG**

Mailing Address 1650 KOEHLER DR. NW  
UNIT 215

City State Zip Code  
CEDAR RAPIDS IA 52405-1576

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.144428**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1180.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1001 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JEANIE STRECH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7755 HEMBREE LN  
 City WINDSOR State CA Zip Code 95492-9719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TECHNOLOGIS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147441**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. MS. CHRISTINE MALONE STREET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 386 POLK ST NW  
 City MARIETTA State GA Zip Code 30064-2308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141354**  
 Amount of Each Receipt this Period 600.00  
 Memo Item CONTRIBUTION

**C. MR. ROBERT STRICKLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1882 KEEZLETOWN RD  
 City HARRISONBURG State VA Zip Code 22802-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143965**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1002 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CHARLENE STRIDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 604 LONDON CT

City GRAND JCT	State CO	Zip Code 81504-5277
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED NURSE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>400.00</b>	

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.143605**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

**B. MRS. CHARLENE STRIDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 604 LONDON CT

City GRAND JCT	State CO	Zip Code 81504-5277
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED NURSE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>400.00</b>	

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.146313**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
CONTRIBUTION

**C. MS. MARIE W. STUART**  
Full Name (Last, First, Middle Initial)  
Mailing Address 430 VILLAGE PL  
APT 314

City LONGWOOD	State FL	Zip Code 32779-5975
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>400.00</b>	

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.146869**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1003 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. V R. STUEBING**  
Full Name (Last, First, Middle Initial)

Mailing Address 4395 US 29 HWY NW

City LILBURN	State GA	Zip Code 30047
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation RET. CITY PLANNE
--------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.143606**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**B. MR. V R. STUEBING**  
Full Name (Last, First, Middle Initial)

Mailing Address 4395 US 29 HWY NW

City LILBURN	State GA	Zip Code 30047
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation RET. CITY PLANNE
--------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.144431**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C. MS. CATHERINE STURM**  
Full Name (Last, First, Middle Initial)

Mailing Address 136 SAND SHORE RD

City BUDD LAKE	State NJ	Zip Code 07828-1509
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED NURSE
-----------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.143576**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1004 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CATHERINE STURM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 SAND SHORE RD  
 City BUDD LAKE State NJ Zip Code 07828-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144363**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JEFFREY SULLIVAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3730 HWY 151  
 City DOWNSVILLE State LA Zip Code 71234-5120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GRAPHIC PACKAGING Occupation PAPERMILL/PRODU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148140**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JEFFREY SULLIVAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3730 HWY 151  
 City DOWNSVILLE State LA Zip Code 71234-5120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GRAPHIC PACKAGING Occupation PAPERMILL/PRODU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148454**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1005 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. JEFFREY SULLIVAN**

Mailing Address 3730 HWY 151

City State Zip Code  
DOWNSVILLE LA 71234-5120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GRAPHIC PACKAGING PAPERMILL/PRODU

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148455**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. JAY M. SUTER**

Mailing Address 2252 LAKE TERRACE DR.

City State Zip Code  
HARRISONBURG VA 22802-6193

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145820**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CAPT. DAVID E. SWAN USNR RET.**

Mailing Address 3327 OLIVE ST

City State Zip Code  
JACKSONVILLE FL 32207-8934

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142373**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1006 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. KENNA SWANER**  
Full Name (Last, First, Middle Initial)

Mailing Address 414 CIRBY OAKS CT

City ROSEVILLE State CA Zip Code 95678-5178

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **389.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.149989**

Amount of Each Receipt this Period  
 12.00

Memo Item  
CONTRIBUTION

**B. MR. KENNA SWANER**  
Full Name (Last, First, Middle Initial)

Mailing Address 414 CIRBY OAKS CT

City ROSEVILLE State CA Zip Code 95678-5178

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **389.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.151264**

Amount of Each Receipt this Period  
 345.28

Memo Item  
CONTRIBUTION

**C. MR. DUANE B. SWANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 817 SKYLINE DR.

City BASSETT State NE Zip Code 68714-5053

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147263**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>457.28</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1007 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. DUANE B. SWANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 817 SKYLINE DR.

City BASSETT	State NE	Zip Code 68714-5053
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147643**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MS. ANNE T. SYNNESTVEDT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 550

City BRYN ATHYN	State PA	Zip Code 19009-0550
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.146471**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C. MR. EUGENE E. SZAFAROWICZ**  
Full Name (Last, First, Middle Initial)

Mailing Address PSC 76 BOX 2664

City APO	State AP	Zip Code 96319-0027
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AAFES	Occupation RETAIL SHIFT MG
---------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.32

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147738**

Amount of Each Receipt this Period  
20.16

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1008 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EUGENE E. SZAFAROWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PSC 76 BOX 2664  
 City APO State AP Zip Code 96319-0027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AAFES Occupation RETAIL SHIFT MG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **340.32**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.149742**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 CONTRIBUTION

**B. MR. CHARLES G. TACKETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14227 LICK RUN LYRA RD  
 City SOUTH WEBSTER State OH Zip Code 45682-9099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143575**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

**C. MR. CHARLES G. TACKETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14227 LICK RUN LYRA RD  
 City SOUTH WEBSTER State OH Zip Code 45682-9099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.145813**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1009 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DALE P. TAGGART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11464 SW 48TH TER  
 City TOWANDA State KS Zip Code 67144-9271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEECHCRAFT CORP Occupation INT'L CERT ENGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 296.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144895**  
 Amount of Each Receipt this Period  
 113.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DALE P. TAGGART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11464 SW 48TH TER  
 City TOWANDA State KS Zip Code 67144-9271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEECHCRAFT CORP Occupation INT'L CERT ENGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 296.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151497**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**C. MRS. W LOUISE TAGLIAVINI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2A SAWMILL PARK  
 City SOUTHWICK State MA Zip Code 01077-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145811**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	158.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1010 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. W LOUISE TAGLIAVINI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2A SAWMILL PARK  
 City SOUTHWICK State MA Zip Code 01077-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146896**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. GERTIE V. TALKINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2527 CHICAGO AVE  
 City KINGMAN State AZ Zip Code 86401-4219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150792**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MAILE T. TAMURA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15321 W PICCADILLY RD  
 City GOODYEAR State AZ Zip Code 85395-8796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146969**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1011 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MAILE T. TAMURA**  
Full Name (Last, First, Middle Initial)

Mailing Address 15321 W PICCADILLY RD

City GOODYEAR State AZ Zip Code 85395-8796

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **479.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.147262**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**B. MS. MAILE T. TAMURA**  
Full Name (Last, First, Middle Initial)

Mailing Address 15321 W PICCADILLY RD

City GOODYEAR State AZ Zip Code 85395-8796

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **479.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.151189**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
**CONTRIBUTION**

**C. TERRY F. TANNER M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 323 SNELL ISLE BLVD NE

City SAINT PETERSBURG State FL Zip Code 33704-3647

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. M.D.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2016**

**Transaction ID : SA11.147261**

Amount of Each Receipt this Period  
**75.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1012 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. TERRY F. TANNER M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 323 SNELL ISLE BLVD NE  
 City SAINT PETERSBURG State FL Zip Code 33704-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. M.D.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147509**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN M. TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 8068  
 City WICHITA FALLS State TX Zip Code 76307-8068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TAYLOR WORKFORCE HOUSING Occupation SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148951**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. R E. TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18417 DOTY AVE  
 City TORRANCE State CA Zip Code 90504-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143569**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1013 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. R E. TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 18417 DOTY AVE

City TORRANCE State CA Zip Code 90504-4822

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.144373**

Amount of Each Receipt this Period  
 75.00

Memo Item  
CONTRIBUTION

**B. MR. WILFORD TAYLOR III**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 898

City CANYON State TX Zip Code 79015-0898

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143572**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

**C. MR. WILFORD TAYLOR III**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 898

City CANYON State TX Zip Code 79015-0898

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146898**

Amount of Each Receipt this Period  
 200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1014 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DON M. TERBEEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 575 JACKSON ST SW  
 City GRANDVILLE State MI Zip Code 49418-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TER BECK & SCOTT ELECT Occupation RET. ELEC CONT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143573**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DONNA TETZLAFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29404 FENWAY CT  
 City CASTAIC State CA Zip Code 91384-3512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SONY PICTURES ENTERTAIMEN Occupation DIREC RIS MANAG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143714**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. SHARON J. THAXTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1820 KAPALUA DR.  
 City OXNARD State CA Zip Code 93036-7745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144370**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1015 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. SHARON J. THAXTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1820 KAPALUA DR.  
 City OXNARD State CA Zip Code 93036-7745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150426**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JULIE THEOPHANES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1440 NW 130TH AVE  
 City PORTLAND State OR Zip Code 97229-4606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149442**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARILYN THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6859 RALARIC DR.  
 City DEXTER State MI Zip Code 48130-9689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148139**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1016 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. KENNETH A. THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1528  
 City YERINGTON State NV Zip Code 89447-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144372**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MISS VIOLET L. THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7937 15TH ST N  
 City SAINT PAUL State MN Zip Code 55128-5607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 359.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145026**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. EMERSON R. THORNTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 S PINE ST  
 APT 221  
 City BURLINGTON State WI Zip Code 53105-2327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NESTLE FOOD CORP RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146464**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1017 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. KETURAH THUNDER-HAAB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 PINE BRAE DRIVE  
 City ANN ARBOR State MI Zip Code 48105-2723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143943**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GORDON TOBIAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12526 PRIMA VISTA DR.  
 City SAN ANTONIO State TX Zip Code 78233-6344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143565**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD P. TRECY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10850 S ISABELLA RD  
 City SHEPHERD State MI Zip Code 48883-9317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143566**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1018 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD P. TRECY**  
Full Name (Last, First, Middle Initial)

Mailing Address 10850 S ISABELLA RD

City State Zip Code  
SHEPHERD MI 48883-9317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 01 / 2016

**Transaction ID : SA11.146264**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MS. HAZEL W. TROTTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 533 ALEXIAN WAY  
APT WEST 217

City State Zip Code  
SIGNAL MTN TN 37377-1998

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 01 / 2016

**Transaction ID : SA11.145800**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MS. MAUREEN TRULLINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 822523

City State Zip Code  
VANCOUVER WA 98682-0055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ADVENTIST MEDICAL CENTER, REGISTERED NURS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.16

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 01 / 2016

**Transaction ID : SA11.148190**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1019 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MAUREEN TRULLINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 822523  
 City VANCOUVER State WA Zip Code 98682-0055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADVENTIST MEDICAL CENTER, Occupation REGISTERED NURS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **231.16**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.151451**  
 Amount of Each Receipt this Period **20.16**  
 Memo Item  
 CONTRIBUTION

**B. MR. LARRY L. TSCHOPP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 E BENHAM ST  
 City TOLONO State IL Zip Code 61880-9741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation DENTIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143567**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 CONTRIBUTION

**C. MS. MARY M. TWILLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42899 PINE GROVE RD  
 City BAY MINETTE State AL Zip Code 36507-8608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. NURSE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **678.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11.143247**  
 Amount of Each Receipt this Period **339.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>609.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1020 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RALPH E. ULM**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 N PARK LN

City FAIRFIELD State IL Zip Code 62837-1927

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.144879**

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

**B. MR. RICHARD S. UTTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 23018 GALVA AVE

City TORRANCE State CA Zip Code 90505-3521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
590.32

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.150972**

Amount of Each Receipt this Period  
20.16

Memo Item CONTRIBUTION

**C. SARA UTTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 491  
331 FAIRWAY DRIVE

City COVINGTON State TN Zip Code 38019-0491

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.148465**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1021 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BARBARA E. VAN AMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 NEWBERRY LN  
 City HOWELL State MI Zip Code 48843-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142038**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BARBARA E. VAN AMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 NEWBERRY LN  
 City HOWELL State MI Zip Code 48843-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144390**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BARBARA E. VAN AMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 NEWBERRY LN  
 City HOWELL State MI Zip Code 48843-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146276**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1022 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BARBARA E. VAN AMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 NEWBERRY LN  
 City HOWELL State MI Zip Code 48843-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146888**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MS. BARBARA E. VAN AMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 NEWBERRY LN  
 City HOWELL State MI Zip Code 48843-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147309**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. MS. BARBARA E. VAN AMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 NEWBERRY LN  
 City HOWELL State MI Zip Code 48843-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147610**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1023 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. HATTIE VAN WYK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1307 BOONE ST  
 City PELLA State IA Zip Code 50219-1179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146462**  
 Amount of Each Receipt this Period  
 135.00  
 Memo Item  
 CONTRIBUTION

**B. KRIS VANANDEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3177 22ND ST  
 City HOPKINS State MI Zip Code 49328-9702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOPKINS PROPANE  
 Occupation BUSINESS OWNER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145786**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARIE VANDER GRIEND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 ELM CT  
 APT 250  
 City SHELDON State IA Zip Code 51201-1853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED  
 Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141540**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1024 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SANDRA K. VANMETRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 YORK RD  
 City MARTINSBURG State WV Zip Code 25403-2371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144874**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. MS. SANDRA K. VANMETRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 YORK RD  
 City MARTINSBURG State WV Zip Code 25403-2371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146273**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MRS. NUMIDA VANZEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2709 DUNN RD  
 City CAMANCHE State IA Zip Code 52730-9685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143940**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1025 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. CHARLES VARSEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7907 ALETA DR.  
City SPRING State TX Zip Code 77379-6104  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 450.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145789**  
Amount of Each Receipt this Period 150.00  
 Memo Item  
CONTRIBUTION

**B. C RICHARD VAUGHN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 495 CROSSINGHAM RD  
City MT. AIRY State NC Zip Code 27030-9169  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149171**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
CONTRIBUTION

**C. MS. JOANN VEENSTRA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15863 SEXTON RD  
City ESCALON State CA Zip Code 95320-9763  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation FARMER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 950.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143536**  
Amount of Each Receipt this Period 450.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1026 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JOANN VEENSTRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 15863 SEXTON RD

City ESCALON State CA Zip Code 95320-9763

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation FARMER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146590**

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

**B. DOUG VEITKUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4960 PLEASANT AVE

City FAIRFIELD State OH Zip Code 45014-2559

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation DEMOLITION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148744**

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

**C. MR. RICHARD VERMEERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5208 NE 275TH AVE

City CAMAS State WA Zip Code 98607-8844

FEC ID number of contributing federal political committee. **C**

Name of Employer BROWN & KY SAR Occupation ELEC ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148483**

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1027 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. KENNETH B. VIKTOR TTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 259 AVENIDA LOBEIRO  
 APT G  
 City SAN CLEMENTE State CA Zip Code 92672-4449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143729**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**B. MR. KENNETH B. VIKTOR TTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 259 AVENIDA LOBEIRO  
 APT G  
 City SAN CLEMENTE State CA Zip Code 92672-4449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144350**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**C. MR. THOMAS L. VIVIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 MUSCONETCONG RIVER RD  
 City HAMPTON State NJ Zip Code 08827-3022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142020**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1028 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. FRITZ VON BERGEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 CLEMATIS CT  
 City NEW HOLLAND State PA Zip Code 17557-9680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145850**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. FRITZ VON BERGEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 CLEMATIS CT  
 City NEW HOLLAND State PA Zip Code 17557-9680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146912**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DON L. WALCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5525 ANTELOPE WAY  
 City WEED State CA Zip Code 96094-9655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142834**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1029 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LINDA WALDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 11  
 City MANCHESTER State TN Zip Code 37349-0011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146489**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MISS PATRICIA A. WALDROP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 COUNTY ROAD 3989  
 City JASPER State AL Zip Code 35503-8309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF NURSE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141309**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MISS PATRICIA A. WALDROP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 COUNTY ROAD 3989  
 City JASPER State AL Zip Code 35503-8309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF NURSE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148196**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1030 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MISS PATRICIA A. WALDROP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 COUNTY ROAD 3989

City JASPER	State AL	Zip Code 35503-8309
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation NURSE
--------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.151223**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MR. BOB D. WALLACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 804 2ND AVE

City BELLE PLAINE	State IA	Zip Code 52208-1902
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ENGINEERED PLASTICS COMPO	Occupation PROCESSENGINEER
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
344.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148030**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MR. BOB D. WALLACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 804 2ND AVE

City BELLE PLAINE	State IA	Zip Code 52208-1902
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ENGINEERED PLASTICS COMPO	Occupation PROCESSENGINEER
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
344.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148966**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1031 OF 1531
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ED J. WALLGREN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1034 CLIFF VIEW LN

City OAK HARBOR	State WA	Zip Code 98277-8286
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF EMPLOYED	Occupation PRACKTIONER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>900.00</b>	

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.143934**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

**B. MRS. ED J. WALLGREN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1034 CLIFF VIEW LN

City OAK HARBOR	State WA	Zip Code 98277-8286
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF EMPLOYED	Occupation PRACKTIONER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>900.00</b>	

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.145867**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
CONTRIBUTION

**C. MS. NETA K. WARD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7536 MACKENZIE DR. NE

City RIO RANCHO	State NM	Zip Code 87144-8413
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>325.00</b>	

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.147190**

Amount of Each Receipt this Period  
**50.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1032 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. NETA K. WARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7536 MACKENZIE DR. NE

City RIO RANCHO	State NM	Zip Code 87144-8413
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147602**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**B. MR. JAMES WATERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7860 E OAKLAND MANOR DR.

City WATERFORD	State MI	Zip Code 48327-1477
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer DELPHI	Occupation ENGINEER
----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.147257**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MR. JAMES WATERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7860 E OAKLAND MANOR DR.

City WATERFORD	State MI	Zip Code 48327-1477
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer DELPHI	Occupation ENGINEER
----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SA11.149461**

Amount of Each Receipt this Period  
400.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1033 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. MARY LOU WATSON**

Mailing Address **8855 SHERIDAN RD**

City **W MELBOURNE** State **FL** Zip Code **32904-1951**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **INS AGENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.144923**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. RONALD WOODROW WATSON**

Mailing Address **6404 PONTIAC DR.**

City **NORTH LITTLE ROCK** State **AR** Zip Code **72116-5227**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **HVACR**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **678.00**

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.147258**

Amount of Each Receipt this Period  
**226.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. EVELYN H. WAYBRIGHT**

Mailing Address **1075 OLD HARRISBURG RD  
UNIT 186**

City **GETTYSBURG** State **PA** Zip Code **17325-3143**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **371.00**

Date of Receipt  
**02 / 01 / 2016**  
**Transaction ID : SA11.143541**

Amount of Each Receipt this Period  
**106.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **432.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1034 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. URSULA H. WEBER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 245 E 19TH ST  
APT 11A  
City NEW YORK State NY Zip Code 10003-2653  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.143540**  
Amount of Each Receipt this Period  
300.00  
 Memo Item  
CONTRIBUTION

**B. MS. URSULA H. WEBER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 245 E 19TH ST  
APT 11A  
City NEW YORK State NY Zip Code 10003-2653  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.145876**  
Amount of Each Receipt this Period  
100.00  
 Memo Item  
CONTRIBUTION

**C. MS. URSULA H. WEBER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 245 E 19TH ST  
APT 11A  
City NEW YORK State NY Zip Code 10003-2653  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.146909**  
Amount of Each Receipt this Period  
200.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 600.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1035 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. LEE R. WEEDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4853 S SHERIDAN RD  
 STE 603  
 City TULSA State OK Zip Code 74145-5760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation TAX PREPARER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147449**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. LENORE WELDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 100  
 City HOLTS SUMMIT State MO Zip Code 65043-0100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation HORSEBREEDER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148759**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. KEITHA K. WELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3911 APPALACHIAN TRL  
 City KINGWOOD State TX Zip Code 77345-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **335.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.149292**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1036 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. KEITHA K. WELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3911 APPALACHIAN TRL

City KINGWOOD State TX Zip Code 77345-1022

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.151225**

Amount of Each Receipt this Period  
 35.00

Memo Item CONTRIBUTION

**B. MS. KEITHA K. WELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3911 APPALACHIAN TRL

City KINGWOOD State TX Zip Code 77345-1022

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.151308**

Amount of Each Receipt this Period  
 50.00

Memo Item CONTRIBUTION

**C. MS. KEITHA K. WELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3911 APPALACHIAN TRL

City KINGWOOD State TX Zip Code 77345-1022

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation HOUSEWIFE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.151455**

Amount of Each Receipt this Period  
 50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1037 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. KEITHA K. WELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3911 APPALACHIAN TRL  
 City KINGWOOD State TX Zip Code 77345-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.151499**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MR. WILLIAM P. WENZLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1229 N JACKSON ST UNIT 108  
 City MILWAUKEE State WI Zip Code 53202-2650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143547**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**C. MR. RICHARD WERLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 SYCAMORE LN  
 City LEXINGTON State VA Zip Code 24450-1796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143254**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1038 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. NANCY WESTBROOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 SW 1025TH RD  
 City CHILHOWEE State MO Zip Code 64733-9218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CITY OF WARRENSBURG Occupation WASTEWT PLAN OP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148959**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ARTHUR H. WEYRAUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 CEDAR ST  
 City NICEVILLE State FL Zip Code 32578-8702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF RET. Occupation RETIRED COL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.147260**  
 Amount of Each Receipt this Period  
 55.57  
 Memo Item  
 CONTRIBUTION

**C. MR. ARTHUR H. WEYRAUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 CEDAR ST  
 City NICEVILLE State FL Zip Code 32578-8702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF RET. Occupation RETIRED COL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150421**  
 Amount of Each Receipt this Period  
 57.17  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	124.74
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1039 OF 1531  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. KERRY MAE WHEELER**

Mailing Address P.O. BOX 1758

City State Zip Code  
LIVINGSTON TX 77351-0032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED MINISTER/CNSLR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.143543**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KERRY MAE WHEELER**

Mailing Address P.O. BOX 1758

City State Zip Code  
LIVINGSTON TX 77351-0032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED MINISTER/CNSLR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.145829**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. JANET I. WHITE**

Mailing Address 3670 N COUNTY LINE RD

City State Zip Code  
GRANDVIEW WA 98930-9076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : SA11.146900**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1040 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT L. WHITE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4545 LEISURE LAKES RD

City STEVENSVILLE State PA Zip Code 18845-7746

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.146901**

Amount of Each Receipt this Period  
 250.00

Memo Item  
CONTRIBUTION

**B. MS. MARGARET WHITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 316 HEATHERBROOK DR.

City MURPHY State TX Zip Code 75094-4018

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.149023**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

**C. MRS. LAUREL J. WICKLUND**  
Full Name (Last, First, Middle Initial)

Mailing Address 4751 E VALLEY BROOK RD

City SUPERIOR State WI Zip Code 54880-8043

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.145837**

Amount of Each Receipt this Period  
 25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1041 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GALE M. WIEDEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 VALLEY CREEK DR. SW  
 City State Zip Code  
 CARTERSVILLE GA 30120-6372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142033**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GALE M. WIEDEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 VALLEY CREEK DR. SW  
 City State Zip Code  
 CARTERSVILLE GA 30120-6372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.145838**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LORETTA M. WIEHR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 RAINBOW DR.  
 PMB 10213  
 City State Zip Code  
 LIVINGSTON TX 77399-2002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143555**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1070.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1042 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LORETTA M. WIEHR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 RAINBOW DR.  
 PMB 10213  
 City LIVINGSTON State TX Zip Code 77399-2002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146585**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. GEORGIA WIESTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7760 SANTA ROSA RD  
 City BUELLTON State CA Zip Code 93427-9421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148228**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. GEORGIA WIESTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7760 SANTA ROSA RD  
 City BUELLTON State CA Zip Code 93427-9421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150702**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1043 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. GEORGIA WIESTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7760 SANTA ROSA RD  
 City State Zip Code  
 BUELLTON CA 93427-9421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.150703**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MS. ROSE WIGGINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14834 CICOTTE AVE  
 City State Zip Code  
 ALLEN PARK MI 48101-3004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 METRO AIRPORT RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143551**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JERRY WILHELM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 SOUTHLAND DR.  
 City State Zip Code  
 WEATHERFORD TX 76086-5771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143554**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1044 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. DIANNE M. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1740 29TH AVENUE CT  
 City GREELEY State CO Zip Code 80634-5729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143720**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JERROLD D. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 SUMMERALL DR.  
 City MABANK State TX Zip Code 75156-7162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.143550**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JERROLD D. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 SUMMERALL DR.  
 City MABANK State TX Zip Code 75156-7162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7400.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145018**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1045 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. JOE T. WILSON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1407 REDBUD CIR  
 City JONESBORO State AR Zip Code 72401-5736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146903**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. PAMELA WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 814 CAMINO CABALLO  
 City NIPOMO State CA Zip Code 93444-9573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148473**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. FLORENCE M. WINDHORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 WILLOWS LN  
 City ALDAN State PA Zip Code 19018-3135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144908**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1046 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. FLORENCE M. WINDHORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 WILLOWS LN  
 City ALDAN State PA Zip Code 19018-3135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146252**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. GLORIA V. WISE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 WESTBOURNE DR.  
 City BLOOMFIELD HILLS State MI Zip Code 48301-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.142826**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. GLORIA V. WISE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 WESTBOURNE DR.  
 City BLOOMFIELD HILLS State MI Zip Code 48301-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143534**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1047 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. EUNICE V. WIXTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 637 LEITCH CREEK RD  
 City KOOSKIA State ID Zip Code 83539-5124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.142828**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. EUNICE V. WIXTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 637 LEITCH CREEK RD  
 City KOOSKIA State ID Zip Code 83539-5124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144340**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MS. GISELA WOIWODE-DALES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 GARY AVE  
 City TAYLORS State SC Zip Code 29687-4111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.141550**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1048 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. GISELA WOIWODE-DALES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 GARY AVE

City TAYLORS	State SC	Zip Code 29687-4111
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation HOUSEWIFE
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.142827**

Amount of Each Receipt this Period  

35.00
-------

 Memo Item  
**CONTRIBUTION**

**B. MS. GISELA WOIWODE-DALES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 GARY AVE

City TAYLORS	State SC	Zip Code 29687-4111
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation HOUSEWIFE
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.144342**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item  
**CONTRIBUTION**

**C. MS. GISELA WOIWODE-DALES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 GARY AVE

City TAYLORS	State SC	Zip Code 29687-4111
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation HOUSEWIFE
-----------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.145877**

Amount of Each Receipt this Period  

50.00
-------

 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1049 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. GISELA WOIWODE-DALES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 GARY AVE  
 City TAYLORS State SC Zip Code 29687-4111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146914**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DONALD H. WOLGEMUTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 LITITZ PIKE  
 P.O. BOX 5093  
 City LANCASTER State PA Zip Code 17606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143930**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DONALD H. WOLGEMUTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 LITITZ PIKE  
 P.O. BOX 5093  
 City LANCASTER State PA Zip Code 17606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146591**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1050 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ARTHUR C. WOOD JR.**

Full Name (Last, First, Middle Initial)  
Mailing Address 8600 SKYLINE DR.  
APT 1148

City DALLAS State TX Zip Code 75243-4170

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
02 / 01 / 2016  
**Transaction ID : SA11.143263**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**B. MR. ARTHUR C. WOOD JR.**

Full Name (Last, First, Middle Initial)  
Mailing Address 8600 SKYLINE DR.  
APT 1148

City DALLAS State TX Zip Code 75243-4170

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
02 / 01 / 2016  
**Transaction ID : SA11.146491**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. MR. RICHARD L. WOOD**

Full Name (Last, First, Middle Initial)  
Mailing Address 3775 W D AVE

City KALAMAZOO State MI Zip Code 49009-9080

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  
02 / 01 / 2016  
**Transaction ID : SA11.145882**

Amount of Each Receipt this Period  
900.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1051 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DONALD KENNETH WOODARD JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6403 SPRINGHOUSE CIR  
 City State Zip Code  
 STONE MOUNTAIN GA 30087-3509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146980**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. KEVIN WOODARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3008 HIGHLAND RIDGE DR.  
 City State Zip Code  
 NORMAN OK 73069-8343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CITY OF EDMOND FIRE STATI FIRE CAPTAIN AN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148049**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARILYN M. WOODHOUSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 RAMBLEWOOD RD  
 City State Zip Code  
 HOUSTON TX 77079-6905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143530**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1052 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ALBERT J. WOODRING M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 GRANVILLE WAY

City EXTON State PA Zip Code 19341-2786

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. SURGEON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.147316**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

**B. E M. WOODY CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1306

City PENDLETON State OR Zip Code 97801-0850

FEC ID number of contributing federal political committee. **C**

Name of Employer WOODPECKER TRUCK Occupation TRUCK SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143927**

Amount of Each Receipt this Period  
 600.00

Memo Item  
CONTRIBUTION

**C. MR. WILLIAM H. WOOTEN JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3334 BOXWOOD CIR

City CINCINNATI State OH Zip Code 45241-3182

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11.143531**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1053 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM H. WOOTEN JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3334 BOXWOOD CIR  
 City CINCINNATI State OH Zip Code 45241-3182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146227**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LUCIAN E. WORK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6406 SUTLER STORE CT  
 City CENTREVILLE State VA Zip Code 20121-2370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144927**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JEANNETTE C. WORTHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5100 US HIGHWAY 42  
 APT 613  
 City LOUISVILLE State KY Zip Code 40241-6050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144344**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1054 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JACK T. WRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17504 DAWN CT  
 City MEADVILLE State PA Zip Code 16335-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143928**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES T. WRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 757  
 City PERRYTON State TX Zip Code 79070-0757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation FARMER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143532**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MICHAELON WRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 W BIG BEAVER SUITE 1420  
 City TROY State MI Zip Code 48084-4120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TM WENT INC Occupation BUSINESS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.148488**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1055 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILBUR H. YANA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12348 S STATE ROAD 55  
 City GOODLAND State IN Zip Code 47948-8019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.144930**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DOROTHY K. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4328 N HALL ST  
 City DALLAS State TX Zip Code 75219-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.141769**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DOROTHY K. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4328 N HALL ST  
 City DALLAS State TX Zip Code 75219-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143529**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1056 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. DOROTHY K. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4328 N HALL ST  
 City DALLAS State TX Zip Code 75219-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144330**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. ROBIN ZALESKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 KRA NUR DR.  
 City BURTON State MI Zip Code 48509-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCLAREN FLINT Occupation R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150716**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. GLADYS ZAMOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7265 SPANGHURST DR.  
 City WALTON HILLS State OH Zip Code 44146-4319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.145889**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1057 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MR. JAMES P. ZEHNDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28709 TANNER DR.  
 City WESLEY CHAPEL State FL Zip Code 33543-5406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7000.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.144335**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**B. MR. FREDERICK W. ZENTGRAF SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 643 N WYOMISSING BLVD  
 City WYOMISSING State PA Zip Code 19610-1759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOVIPAX LLC Occupation MECHANIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.148491**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

**C. MR. FREDERICK W. ZENTGRAF SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 643 N WYOMISSING BLVD  
 City WYOMISSING State PA Zip Code 19610-1759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOVIPAX LLC Occupation MECHANIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.149016**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1058 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. KENNETH J. ZIENKIEWICZ M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16117 AMETHYST KEY DR.  
 City WIMAUMA State FL Zip Code 33598-4027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.146234**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LELAND G. ZIMMERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 S HILDALE AVE  
 City EUREKA State IL Zip Code 61530-1334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MORTON COMMUNITY BANK Occupation COURIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.16

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.150783**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JOANNE W. ZINSMEISTER YARWOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 3RD ST  
 City LIVERPOOL State NY Zip Code 13088-4946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11.147256**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1012.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1059 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MR. ROSS ZOLL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 415 REIDS FERRY ROAD

City SUFFOLK	State VA	Zip Code 23434-7143
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ATLANTIC ANESTHESIA	Occupation ANESTHESIOLOGIST
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
572.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.148730**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. MR. ROSS ZOLL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 415 REIDS FERRY ROAD

City SUFFOLK	State VA	Zip Code 23434-7143
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ATLANTIC ANESTHESIA	Occupation ANESTHESIOLOGIST
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
572.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.151672**

Amount of Each Receipt this Period  
36.00

Memo Item  
CONTRIBUTION

**C. EBERLE COMMUNICATIONS GROUP**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MC LEAN	State VA	Zip Code 22102-3028
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SA11.141276**

Amount of Each Receipt this Period  
15000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15536.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1060 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. J-J MOBILE HOME PARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6211 15TH ST E  
 LOT 68  
 City BRADENTON State FL Zip Code 34203-7744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.143387**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**CONTRIBUTION**

**B. SOUTHEASTERN FREIGHT LINES INC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1691  
 City COLUMBIA State SC Zip Code 29202-1691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1090.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11.146501**  
 Amount of Each Receipt this Period  
 1090.91  
 Memo Item  
**CONTRIBUTION**

**C. MR. JAMES R. AANERUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51939 - 150TH ST  
 P.O. BOX 157  
 City DONNELLY State MN Zip Code 56235-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RET. FARMER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 438.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154152**  
 Amount of Each Receipt this Period  
 338.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1528.91
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1061 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. ROBERT L. ALBRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 AUTUMN RD  
 City CHURCHVILLE State PA Zip Code 18966-1011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALBRIGHT CONSULTING Occupation TECHNICALCONSUL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152085**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. PHILIP S. ALLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 371 S BRENT ST  
 City VENTURA State CA Zip Code 93003-4704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152366**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROGER ALLMAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1444 GARFIELD DR.  
 City HOLDREGE State NE Zip Code 68949-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152314**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1062 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SUE B. ALSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 S HARRISON ST  
 City MC GREGOR State TX Zip Code 76657-2039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154144**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. LOLA AMYX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 W CEDAR CREEK PKWY  
 City KEMP State TX Zip Code 75143-8089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152385**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. FRANK L. ANCONA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7944 BOONE AVE  
 City BATON ROUGE State LA Zip Code 70808-6722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.15

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153391**  
 Amount of Each Receipt this Period 106.15  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3106.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1063 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. G ALBERT ANDERSON**

Mailing Address **28 COMEE ST**

City State Zip Code  
**GARDNER MA 01440-2306**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt  
**03 / 01 / 2016**

**Transaction ID : SA11.152389**

Amount of Each Receipt this Period  
**750.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MRS. ROSEMARY ANDERSON**

Mailing Address **9233 CORONA RD**

City State Zip Code  
**LAS CRUCES NM 88012-6507**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**03 / 01 / 2016**

**Transaction ID : SA11.152082**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MRS. ROSEMARY ANDERSON**

Mailing Address **9233 CORONA RD**

City State Zip Code  
**LAS CRUCES NM 88012-6507**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**03 / 01 / 2016**

**Transaction ID : SA11.152181**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **1050.00**

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1064 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. ANON ANON**

Mailing Address **NO ADDRESS**

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 01 / 2016**

**Transaction ID : SA11.153365**

Amount of Each Receipt this Period  
**20.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. ANON ANON**

Mailing Address **3507 S CHRISTINE LN**

City State Zip Code  
**SAND SPRINGS OK 74063-5033**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 01 / 2016**

**Transaction ID : SA11.154194**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. ANON ANON**

Mailing Address **3507 S CHRISTINE LN**

City State Zip Code  
**SAND SPRINGS OK 74063-5033**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 01 / 2016**

**Transaction ID : SA11.154195**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **720.00**

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1065 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. ANON ANON**

Mailing Address 3507 S CHRISTINE LN

City SAND SPRINGS State OK Zip Code 74063-5033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
03 / 01 / 2016  
**Transaction ID : SA11.154196**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ANON ANON**

Mailing Address NO ADDRESS

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
938.00

Date of Receipt  
03 / 01 / 2016  
**Transaction ID : SA11.154646**

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ANON ANON**

Mailing Address NO ADDRESS

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
938.00

Date of Receipt  
03 / 01 / 2016  
**Transaction ID : SA11.154765**

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1066 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 01 / 2016**

**Transaction ID : SA11.154766**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **427.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. ANON ANON**

Mailing Address **NO ADDRESS**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **938.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 01 / 2016**

**Transaction ID : SA11.154767**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **102.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. STEVE ARNOLD**

Mailing Address **6522 AIRPORT CENTER DR.**

City **GREENSBORO** State **NC** Zip Code **27409-9094**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 \_\_\_\_\_ **854.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 01 / 2016**

**Transaction ID : SA11.155498**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **383.30**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► \_\_\_\_\_ **912.30**

**TOTAL** This Period (last page this line number only)..... ► \_\_\_\_\_

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1067 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. EDDY L. ATKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 W GIRARD AVE  
 City CEDARTOWN State GA Zip Code 30125-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153405**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DOLORES BABEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17218 SE 94TH COULTS CIR  
 City THE VILLAGES State FL Zip Code 32162-1867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ELECTRICAL ENGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155038**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DOLORES BABEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17218 SE 94TH COULTS CIR  
 City THE VILLAGES State FL Zip Code 32162-1867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ELECTRICAL ENGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155226**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1068 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. CHOONG H. BAICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19091 CROYDEN TERRACE  
 City IRVINE State CA Zip Code 92603-3538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.16

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155037**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CHOONG H. BAICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19091 CROYDEN TERRACE  
 City IRVINE State CA Zip Code 92603-3538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.16

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155225**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**C. REV RICHARD CARL BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 363 STONE HILL DR.  
 City BRENHAM State TX Zip Code 77833-5630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. MINISTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154199**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 530.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1069 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. DEE BALTES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2021 NUTT RD  
 City DAYTON State OH Zip Code 45458-9382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INTERIOR DSGNR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152408**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. MS. NANCY L. BARNHART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7370 WALSH RD  
 City MILLINGTON State TN Zip Code 38053-6020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. ENG  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153408**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. KENNETH S. BARTLETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 HEARTHSTONE RIDGE RD  
 City LANDRUM State SC Zip Code 29356-9602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **913.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152419**  
 Amount of Each Receipt this Period **332.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>682.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1070 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MS. MARJORIE A. BASELEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 S LEEBRICK ST  
 City BURLINGTON State IA Zip Code 52601-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153376**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. LINDA C. BATEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18151 30TH AVE  
 City CHIPPEWA FALLS State WI Zip Code 54729-9156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152420**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOSEPH L. BAUER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 536 DORCHESTER DR.  
 City DIMONDALE State MI Zip Code 48821-8704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152421**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1071 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. JASPER N. BAYSINGER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7902 BAYSINGER ST  
 City State Zip Code  
 DOWNEY CA 90241-2227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154137**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. NED BEACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 LORI DR.  
 City State Zip Code  
 BOONVILLE MO 65233-1871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154185**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ELIZABETH L. BEARDWOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2105 S CYNTHIA ST  
 APT A206  
 City State Zip Code  
 MCALLEN TX 78503-1249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED R.N.  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154670**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1072 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. RODERICK BECKETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 416 HELEN GREATHOUSE CIRCLE

City	State	Zip Code
MIDLAND	TX	79707-6148

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.152365**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. MR. RICHARD BELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 NESTOR PEAK RD

City	State	Zip Code
WHITE SALMON	WA	98672-8313

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.153412**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. MR. RICHARD BELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 NESTOR PEAK RD

City	State	Zip Code
WHITE SALMON	WA	98672-8313

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.154718**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1073 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MS. MARTHA L. BELSAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 WALNUT LN  
 City WEST NEWTON State PA Zip Code 15089-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152428**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM J. BENTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6670 FM 1402  
 City MOUNT PLEASANT State TX Zip Code 75455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152315**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DONALD BERDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22975 SE BLACK NUGGET RD  
 APT 243  
 City ISSAQUAH State WA Zip Code 98029-7302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152092**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1074 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MR. WILLIAM S. BERGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3153 E VIRGINIA AVE  
 City WEST COVINA State CA Zip Code 91791-2338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154133**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT A. BERNATCHEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 MARK CIR  
 City RUTLAND State MA Zip Code 01543-1557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154619**  
 Amount of Each Receipt this Period  
 53.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. NANCY R. BERTCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 ROUTE 60  
 UNIT 44  
 City GERRY State NY Zip Code 14740-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152434**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	253.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1075 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)  
**The 2016 Committee**

**A. MRS. NANCY R. BERTCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 ROUTE 60  
 UNIT 44  
 City GERRY State NY Zip Code 14740-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154974**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**B. MRS. NANCY R. BERTCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 ROUTE 60  
 UNIT 44  
 City GERRY State NY Zip Code 14740-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155200**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JAY T. BETETTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 TODD AVE  
 City LAURENS State SC Zip Code 29360-2626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PUBLIC SCHOOL Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152438**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1076 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. RACHEL I. BETTAG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11367 N CARTHAGE PIKE  
 City KNIGHTSTOWN State IN Zip Code 46148-9775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED NURSE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152439**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
 CONTRIBUTION

**B. MR. ROBERT BIEKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 CLEMSON DR.  
 City PUEBLO State CO Zip Code 81005-1908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154132**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
 CONTRIBUTION

**C. MRS. ROSEMARY H. BIESIOT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address V413 COUNTY ROAD 4  
 City LIBERTY CTR State OH Zip Code 43532-9575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED R.N.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **575.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152319**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1077 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. RUDOLPH B. BITTNER**

Mailing Address 2313 BAYWATER RD

City State Zip Code  
TAVARES FL 32778-5613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155402**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. MARGARET C. BLACK**

Mailing Address 53 LILLIANS LN

City State Zip Code  
BAKERSVILLE NC 28705-7017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152445**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. EMMITT BLANKENSHIP JR.**

Mailing Address 68 BROWN ST

City State Zip Code  
LEXINGTON TN 38351-1604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BLANKENSHIP HEATING & COO MANAGER HVAC CO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155409**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1078 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JACQUELINE L. BLEDSOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7500 N CONGRESS AVE  
 City KANSAS CITY State MO Zip Code 64152-2250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152448**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RALPH H. BOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 MCKENZIE WAY  
 City BELLA VISTA State AR Zip Code 72715-5107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154128**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. CLEO BOERSMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7061 MISTY MORNING CT SE  
 City CALEDONIA State MI Zip Code 49316-9047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MALL CITY CONTAINERS Occupation MANAG & SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154669**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1079 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DEBORAH A. BOGHOSIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 CORONET CT  
 City SCHENECTADY State NY Zip Code 12309-1929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ELLIS HOSPITAL Occupation MEDICAL TECH  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153418**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
 CONTRIBUTION

**B. MILODENE BOLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 8TH AVE  
 City SWEET HOME State OR Zip Code 97386-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153416**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 CONTRIBUTION

**C. MRS. BRENDA N M BOLLWERK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20230 CAMBRIDGE WAY  
 City PARKER State CO Zip Code 80138-7308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ADVERTISEBUSSOWN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154131**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1080 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. EUGENE J. BONK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31277 WATERLOO RD  
 City LEBANON State OR Zip Code 97355-9722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154182**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ANN B. BONOMI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11718 N ISLAND RD  
 City HOLLYWOOD State FL Zip Code 33026-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER  
 Occupation HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153371**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DAVID BORN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 HERTHUM RD  
 City WHITESBORO State NY Zip Code 13492-2243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED  
 Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152093**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1081 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BARBARA C. BORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 BEECHWOOD DR.  
 City SANDY HOOK State CT Zip Code 06482-1113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152453**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. MS. TINA G. BOWLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 FOREST TRL  
 City MONTGOMERY State AL Zip Code 36117-7534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation TEACHER RET.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154161**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. DOROTHY BOYLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 GOODWIN ST  
 City BRISTOL State CT Zip Code 06010-5115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152456**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1082 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CLAIRE A. BRACKEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 144  
 City SPENCERTOWN State NY Zip Code 12165-0144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152353**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MILTON T. BRADSHAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1561 RANSOM RD  
 City RIVERSIDE State CA Zip Code 92506-4029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154674**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PATRICIA F. BRADSHAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 HOBBS RD APT 102  
 City LEAGUE CITY State TX Zip Code 77573-5123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153425**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1083 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES B. BRANDEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5713 JACK RD  
 City JACKSONVILLE State FL Zip Code 32277-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152325**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. HAROLD BREMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5177 HIGHWAY 20  
 City HOLSTEIN State IA Zip Code 51025-8036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154575**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. FRANCIS J. BRISCOE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6150 RUSTIC HILLS DR.  
 City ROCKLIN State CA Zip Code 95677-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152461**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1084 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ELIZABETH BROWNLOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 EAST ST  
 City LENOX State MA Zip Code 01240-2210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153436**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOE A. BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4218 WHITSON BRANCH RD  
 City GREEN MTN State NC Zip Code 28740-8100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1088.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152472**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 CONTRIBUTION

**C. W RAE BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 NW 16TH ST  
 City NEWCASTLE State OK Zip Code 73065-6033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154673**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 1085 OF 1531
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LAWRENCE D. BRUGGEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9815 MIA LANE  
 City PASCO State WA Zip Code 99301-6665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED TECH  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152474**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ANTHONY W. BRYANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 N BARSTOW ST  
 City WAUKESHA State WI Zip Code 53186-4928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CENTURY FENCE CO Occupation BUS EXEC  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152478**  
 Amount of Each Receipt this Period  
 850.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM D. BRYANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6620 TREEMONT CT  
 City FORT WAYNE State IN Zip Code 46815-8360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **975.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152479**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1086 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOSEPH C. BUCCIARELLI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 SAINT JOHN ST  
 City NORWALK State CT Zip Code 06855-1110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154764**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ELDON L. BUCKNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13967 HUNT MOUNTAIN LN  
 City BAKER CITY State OR Zip Code 97814-8197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153435**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. VERA M. BURCHETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6532 SOUTH 58TH STREET  
 City LINCOLN State NE Zip Code 68516-1426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1674.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152480**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1087 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. SHERRY BURKHALTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3915 HIGHWAY 5  
 City BENTON State AR Zip Code 72019-8276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152481**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. KATHRYN G. BURNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9804 NICHOLAS ST APT 102  
 City OMAHA State NE Zip Code 68114-2169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152096**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DON BYBEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address BOX 161  
 City BORGER State TX Zip Code 79008-0161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GPI Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155467**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1088 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MRS. DORIS L. CALLIS</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2016 <b>Transaction ID : SA11.154622</b>
Mailing Address 9 CEDARVIEW VLG		Amount of Each Receipt this Period 75.00
City PLAINFIELD	State CT	Zip Code 06374-1559
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. MRS. JO CANON</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2016 <b>Transaction ID : SA11.154803</b>
Mailing Address 102 TIQUEWOOD CIR		Amount of Each Receipt this Period 500.00
City ABILENE	State TX	Zip Code 79605-4937
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer HUSBAND	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. MS. HELEN J. CANTRELL</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2016 <b>Transaction ID : SA11.153368</b>
Mailing Address 1607 S OAK ST		Amount of Each Receipt this Period 200.00
City OTTAWA	State KS	Zip Code 66067-3921
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1089 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. DOROTHY G. CAPPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5552 N LYDELL AVE  
 City MILWAUKEE State WI Zip Code 53217-5041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 247.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152493**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARGARET R. CARLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25369 HARPERS BRANCH DR.  
 City DENTON State MD Zip Code 21629-3328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152178**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. ELOISE CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1730 CELINA RD  
 LOT 21  
 City SAINT MARYS State OH Zip Code 45885-1254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152496**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	406.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1090 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. SHIRLEY T. CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 566 SAN REMO CIR  
 City INVERNESS State FL Zip Code 34450-4348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.16

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152098**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. LILY M. CARVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1002 HICKORY LOG DR. APT 13  
 City DEXTER State MO Zip Code 63841-2723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154104**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MARY RUTH CASE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 MAPLE LN  
 City WASHINGTON State IA Zip Code 52353-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 332.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152099**  
 Amount of Each Receipt this Period 83.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 253.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1091 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIS G. CAVNAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19100 SE 89TH ST  
 City NEWALLA State OK Zip Code 74857-7949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152503**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. BILL W. CHILDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6299 LONE PEAK DRIVE  
 City EVERGREEN State CO Zip Code 80439-5530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153449**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JEAN CHRISTENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10739 WHEELER RD  
 City CENTRAL POINT State OR Zip Code 97502-9391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE TEACHERS RETIREMENT Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152100**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1092 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JEAN CHRISTENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10739 WHEELER RD

City State Zip Code  
CENTRAL POINT OR 97502-9391

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STATE TEACHERS RETIREMENT RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
220.64

Date of Receipt  
03 / 01 / 2016  
Transaction ID : SA11.155394

Amount of Each Receipt this Period  
20.16

Memo Item CONTRIBUTION

**B. MR. STANLEY D. CHRISTENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2087 WINDMILL VIEW RD

City State Zip Code  
EL CAJON CA 92020-1351

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CITY OF SAN DIEGO, CA RT FIRE FIGHTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 01 / 2016  
Transaction ID : SA11.154168

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. MRS. GEORGIA H. CLARIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 14791 CAMINITO ORENSE OESTE

City State Zip Code  
SAN DIEGO CA 92129-1503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
03 / 01 / 2016  
Transaction ID : SA11.153458

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1093 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DAVID CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3180 HOLMES HOLLOW RD  
 City DELHI State NY Zip Code 13753-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.154627**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. NORMAN L. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 E MASON LAKE DR. E  
 City GRAPEVIEW State WA Zip Code 98546-9775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 REID REAL ESTATE REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.152517**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD L. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 575 HOLLAND DR.  
 City FORTSON State GA Zip Code 31808-3707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.152177**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1094 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARY S. COLLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7460 LAKE BREEZE DR.  
 APT 134  
 City FORT MYERS State FL Zip Code 33907-8094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154571**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM A. COLLINGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13417 BLENFIELD RD  
 City PHOENIX State MD Zip Code 21131-2216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155214**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DIRCK V V COON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 331 SEPARATE RD  
 City AMENIA State NY Zip Code 12501-5016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RET. DAIRY FARM  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154173**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1095 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. EVA F. COSBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 VANN CIR  
 City TRUSSVILLE State AL Zip Code 35173-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154099**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**B. MR. KENT J. CRAVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 E ROBINWOOD ST  
 City SIDNEY State OH Zip Code 45365-1655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MUTUAL FEDERAL SAV. BANK BANKING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154096**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BETTY R. CRAWFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 ASPEN TRL  
 City MUSCATINE State IA Zip Code 52761-2873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154095**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1116.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1096 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DENNIS W. CRAWFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1106 MOONLIGHT SUMMIT DR.  
 City State Zip Code  
 DIAMOND BAR CA 91765-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155064**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JUDITH H. CROW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3170 WOODLEIGH LN  
 City State Zip Code  
 CAMERON PARK CA 95682-8127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FREMONT UNIFIED RET. TEACHER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153467**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. JEAN F. CROWDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7352 BELLEVILLE LANE  
 P.O. BOX 121  
 City State Zip Code  
 WARE NECK VA 23178-0121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152535**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1097 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. DR. ROBERT C. CULPEPPER M.D.**

Mailing Address 525 PARK PLACE DR.

City State Zip Code  
ALEXANDRIA LA 71301-3947

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PREMIER PEDIATRIC CLINIC PEDIATRICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154094**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. AMY H. CULVER**

Mailing Address 15 YEARLING CT

City State Zip Code  
IRMO SC 29063-2939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS HOUSEWIFE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152541**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ROBERTA DAGOSTINO**

Mailing Address 2377 NE WINTERGREEN DR.

City State Zip Code  
BEND OR 97701-7660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RET. R N

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153469**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1098 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DENNIS DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3316 PEPPERS BRIDGE RD  
 City WALLA WALLA State WA Zip Code 99362-7003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLLEGE PLACE HEATING & A Occupation CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153474**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JANE D. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13700 N GAYTON RD APT 110  
 City HENRICO State VA Zip Code 23233-7069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153473**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JUANITA M. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10606 W ATLANTA CIR  
 City WICHITA State KS Zip Code 67215-3010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OCPS PUB SCHOOL Occupation RET. SCH TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154222**  
 Amount of Each Receipt this Period 55.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1099 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. REBECCA S. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 985 BLACKBOTTOM RD  
 City LIBERTY State SC Zip Code 29657-9170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1048.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152553**  
 Amount of Each Receipt this Period **212.00**  
 Memo Item  
 CONTRIBUTION

**B. MRS. REBECCA S. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 985 BLACKBOTTOM RD  
 City LIBERTY State SC Zip Code 29657-9170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1048.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152554**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 CONTRIBUTION

**C. MR. EDWARD DE NEVE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1828 POWESHIEK IOWA RD  
 City VICTOR State IA Zip Code 52347-8547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153358**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>612.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1100 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RON DE WEERD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 18TH AVE SE  
 City State Zip Code  
 ROCK VALLEY IA 51247-1600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FOODS RESOURCE BANK DEVELOPMENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155067**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. MARILYN K. DEFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 W HILLSIDE AVE  
 City State Zip Code  
 SPENCER IN 47460-1341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INSURANCE SERVICES INC P/T CLERICAL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152559**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. MARIE K. DELASSUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7655 WATSON RD  
 APT 236  
 City State Zip Code  
 SAINT LOUIS MO 63119-5053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154089**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1101 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. PAUL J. DEPUE**

Mailing Address **6764 E HOMER BALTIMORE RD**

City **HOMER** State **NY** Zip Code **13077-9451**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**03 / 01 / 2016**

**Transaction ID : SA11.152105**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. PAUL J. DEPUE**

Mailing Address **6764 E HOMER BALTIMORE RD**

City **HOMER** State **NY** Zip Code **13077-9451**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**03 / 01 / 2016**

**Transaction ID : SA11.152341**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. S/SGT RICHARD L. DEVRIES USAF RET.**

Mailing Address **761 PATTERNS DR. SW**

City **MABLETON** State **GA** Zip Code **30126-1664**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **HEALTH TECH**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.00**

Date of Receipt  
**03 / 01 / 2016**

**Transaction ID : SA11.152568**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1102 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. NORMA E. DIBBLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4001 PTARMIGAN PIAZZA  
 City GRAND JUNCTION State CO Zip Code 81506-8446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153357**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
**CONTRIBUTION**

**B. MR. CHARLES T. DILTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 STATE ROUTE 309  
 City ADA State OH Zip Code 45810-9428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152571**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
**CONTRIBUTION**

**C. MR. GLENN L. DOBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13501 S BENTZ RD  
 City CHENEY State WA Zip Code 99004-9660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152107**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2155.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1103 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GLENN L. DOBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13501 S BENTZ RD  
 City CHENEY State WA Zip Code 99004-9660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152184**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DONALD J. DOUGLASS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 EDGEWATER WAY  
 City MERRITT IS State FL Zip Code 32953-8347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152577**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JESSE B. DOURTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1992 WISGARVER RD  
 City MANHEIM State PA Zip Code 17545-9425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153355**  
 Amount of Each Receipt this Period  
 115.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	215.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1104 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SYLVIA DOWNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 S HAWK DR.  
 City RAINBOW CITY State AL Zip Code 35906-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **256.86**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154207**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item  
 CONTRIBUTION

**B. MR. DON DUERST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 99  
 City BURLINGTON State CO Zip Code 80807-0099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152310**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 CONTRIBUTION

**C. REV CHARLES J. DUMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 S OHLMAN ST  
 City MITCHELL State SD Zip Code 57301-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CATHOLIC PRIEST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152311**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>535.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1105 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. WILLIAM V. DUNN**  
Full Name (Last, First, Middle Initial)

Mailing Address 41964 ELSMERE RD

City AINSWORTH State NE Zip Code 69210-1752

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation FARMER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153354**

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

**B. MRS. PATRICIA DURBIN-HOTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 385 PRINCETON DR.

City COSTA MESA State CA Zip Code 92626-6163

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154558**

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

**C. MS. ROSEMARY EASLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3184 PARKSIDE DR.

City SAN BERNARDINO State CA Zip Code 92404-2323

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153490**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1106 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DELOIS A. EDDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1202 VIEW STREET  
 City MORRILTON State AR Zip Code 72110-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **650.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152109**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. ROBERT J. EGLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2681 CAMERON PARK DR. SPC 90  
 City CAMERON PARK State CA Zip Code 95682-8840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation TRUCK MECHANIC  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153496**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. ROBERT W. EHRET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30544 GOLF CLUB RD  
 City EVERGREEN State CO Zip Code 80439-8880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153494**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1107 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. VIRGINIA P. ENRIQUEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6428 SOLANDRA DR. S  
 City JACKSONVILLE State FL Zip Code 32210-7065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PRESCH BIBLE TE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154080**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. MS. KATHLEEN C. ENTWISLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10451 BELLS FERRY RD APT 1112  
 City CANTON State GA Zip Code 30114-1294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152073**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. MS. PAMELA J. EPPLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12075 LEWIS RD  
 City BRANCHVILLE State IN Zip Code 47514-9022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MARY KAY Occupation SALES DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152600**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1108 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GEORGE E. ERDMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 186 COLLEGE VIEW TER  
 City BREVARD State NC Zip Code 28712-4653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153499**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DEBORAH BULLARD ETHERIEDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 MEMORY LN  
 City HAYDEN State AL Zip Code 35079-4465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155403**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. BOB J. EWERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 W MIDDLE ST  
 City REDWOOD FALLS State MN Zip Code 56283-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153504**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1109 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LOWELL F. EZZELL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1295

City UTOPIA State TX Zip Code 78884-1295

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation CONSTRUCTION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **03 / 01 / 2016**

**Transaction ID : SA11.152190**

Amount of Each Receipt this Period **100.00**

Memo Item  
CONTRIBUTION

**B. MR. ERVIN FABIANKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1071 COUNTY LINE PKWY

City MART State TX Zip Code 76664-5111

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation RANCHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **03 / 01 / 2016**

**Transaction ID : SA11.153350**

Amount of Each Receipt this Period **300.00**

Memo Item  
CONTRIBUTION

**C. MR. DONALD L. FAIDLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4807 BIRCH ST

City ROELAND PARK State KS Zip Code 66205-1101

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **214.16**

Date of Receipt **03 / 01 / 2016**

**Transaction ID : SA11.155054**

Amount of Each Receipt this Period **15.00**

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>415.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1110 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. LILLIAN A. FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 N MAIN ST  
 APT 216  
 City WHARTON State NJ Zip Code 07885-1651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152609**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JANE E. FARWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 630 VIA LIDO NORD  
 City NEWPORT BEACH State CA Zip Code 92663-5521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153506**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOHN D. FERRARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 GOLDEN ISLES DR.  
 APT 29  
 City HALLANDALE BEACH State FL Zip Code 33009-7506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N Y P D Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153516**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>340.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1111 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. DIANE FIFIELD**

Mailing Address 1744 COUNTRY CLUB DR.

City LOGAN	State UT	Zip Code 84321-4304
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RET. TEACHER
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.152306**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. GREGORY F. FISCHER**

Mailing Address 1442 SEACOAST DRIVE  
APT 5

City IMPERIAL BEACH	State CA	Zip Code 91932-3179
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED U S NAVY	Occupation RETIRED
--------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.155055**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. LUCILE D. FISCHER**

Mailing Address 46595 E ELDORADO DR.

City INDIAN WELLS	State CA	Zip Code 92210-8640
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation HOUSEWIFE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.153512**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1112 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. DON L. FISHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 125 MARTIN RD

City PITTSBURGH	State PA	Zip Code 15237-3726
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation PHYSICIAN
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.153348**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. MRS. JUNE A. FISHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 626 SUNNYLAND AVE

City PITTSBURGH	State PA	Zip Code 15227-1712
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.152620**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MR. ROYCE P. FLANDRO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2949 APACHE WAY

City PROVO	State UT	Zip Code 84604-4363
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BRIGHAM Y UNIVERSITY	Occupation PROFESSOR
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.152033**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1113 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DONALD R. FORSTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 811 S 2ND ST

City MILBANK State SD Zip Code 57252-2903

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.152629**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MR. LEROY R. FOWLER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 114

City AIRWAY HGTS State WA Zip Code 99001-0114

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.154236**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**C. MS. BARBARA M. FRESE**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 WAWONA ST  
APT 319

City SAN FRANCISCO State CA Zip Code 94116-3090

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.154550**

Amount of Each Receipt this Period  
 53.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	253.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1114 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. J RICHARD FULLGRAF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1003 EDWARDS RD  
 City GREENVILLE State SC Zip Code 29615-1362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ENGINEER RET.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153530**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MS. JOAN B. FUNK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7881 RANDY DR.  
 City WESTLAND State MI Zip Code 48185-5568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152644**  
 Amount of Each Receipt this Period 20.00  
 Memo Item CONTRIBUTION

**C. MR. ROBERT B. FUNK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 ELMINGTON AVE APT 502  
 City NASHVILLE State TN Zip Code 37205-2525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152645**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1115 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MARK GARDNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20257 490TH ST  
 City OAKLAND State IA Zip Code 51560-4559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152650**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DOROTHY J. GARIBALDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5133 WEDGE CT E  
 City BRADENTON State FL Zip Code 34203-4029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152652**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MONTENE A. GARRETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 W WILDWOOD ST  
 City TAMPA State FL Zip Code 33613-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. MASSGE REHA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154239**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1116 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. PHILLIP J. GARRETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 484  
 City FARMLAND State IN Zip Code 47340-0484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154549**  
 Amount of Each Receipt this Period 53.00  
 Memo Item  
 CONTRIBUTION

**B. MS. EDNA V. GARRITY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JEFFERSON HTS APT 302  
 City CATSKILL State NY Zip Code 12414-1258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154240**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. EDNA V. GARRITY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JEFFERSON HTS APT 302  
 City CATSKILL State NY Zip Code 12414-1258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154634**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	303.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1117 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. EDNA V. GARRITY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 JEFFERSON HTS  
 APT 302  
 City CATSKILL State NY Zip Code 12414-1258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 620.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154771**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item  
 CONTRIBUTION

**B. FR ROGER GEDITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 136  
 City GEDDES State SD Zip Code 57342-0136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED PRIEST  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154635**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD GEHLBACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16520 W 133RD ST  
 City OLATHE State KS Zip Code 66062-6206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154243**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 470.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1118 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. CARL H. GEIER**

Mailing Address 3321 RIVIERA LAKES CT

City State Zip Code  
BONITA SPGS FL 34134-2647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153344**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RICHARD N. GEORGE**

Mailing Address 1 SINCLAIR DR.  
APT 218

City State Zip Code  
PITTSFORD NY 14534-1737

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152657**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WILLIAM A. GERHART**

Mailing Address 1336 WINDSOR CT

City State Zip Code  
SPRINGFIELD OR 97477-8107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152659**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1325.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1119 OF 1531
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. REX GERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 76161 ROAD 425

City COZAD	State NE	Zip Code 69130-5317
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NEBRASKSA PLASTICS, INC	Occupation CEO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.152660**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B. MS. ANN K. GIBBS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1278 WINWOOD CV

City TUPELO	State MS	Zip Code 38801-6472
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RET. TEACHER
-----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.152661**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. A GLENN GILLETTE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3311 ROSSMOOR PKWY  
APT 3

City WALNUT CREEK	State CA	Zip Code 94595-3827
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MARE ISL NAVY SHIPYARD	Occupation RET. ELEC SHOP
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.154070**

Amount of Each Receipt this Period  
507.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2607.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1120 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. JIM GIRKIN**

Mailing Address **6 FAIRWAY DR.**

City <b>HOLIDAY ISLAND</b>	State <b>AR</b>	Zip Code <b>72631-4500</b>
-------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>SELF</b>	Occupation <b>RET. PHARMAC</b>
---------------------------------	-----------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**452.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.154246**

Amount of Each Receipt this Period  

113.00
--------

 Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. CSM JOE R. GODWIN RET**

Mailing Address **555 PARK AVE**

City <b>FOLEY</b>	State <b>AL</b>	Zip Code <b>36535-1136</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.152664**

Amount of Each Receipt this Period  

150.00
--------

 Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MRS. JUDY SUE GOMEZ**

Mailing Address **5329 30TH STREET**

City <b>LUBBOCK</b>	State <b>TX</b>	Zip Code <b>79407-3515</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RET. ADM ASSIST</b>
------------------------------------	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.152070**

Amount of Each Receipt this Period  

225.00
--------

 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>488.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1121 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JUDY SUE GOMEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 5329 30TH STREET

City LUBBOCK State TX Zip Code 79407-3515

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. ADM ASSIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152337**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. MR. THOMAS P. GORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 TWIN LKS S

City CLINTON State MS Zip Code 39056-6155

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152670**

Amount of Each Receipt this Period 750.00

Memo Item CONTRIBUTION

**C. MR. CURTIS H. GRAFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 38900 296TH AVE NW

City DONNYBROOK State ND Zip Code 58734-9755

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation FORMER ELECTRIC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154713**

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1122 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. JERRY M. GRAHAM M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 9668 MADISON BLVD  
STE 100

City MADISON State AL Zip Code 35758-9126

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
03 / 01 / 2016  
**Transaction ID : SA11.154248**

Amount of Each Receipt this Period  
700.00

Memo Item  
CONTRIBUTION

**B. MR. JERRY GRAUF**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 77

City ELVASTON State IL Zip Code 62334-0077

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
03 / 01 / 2016  
**Transaction ID : SA11.154068**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MS. JOANN L. GREB**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 916

City HAYWARD State WI Zip Code 54843-0916

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11000.00

Date of Receipt  
03 / 01 / 2016  
**Transaction ID : SA11.153547**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3900.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1123 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. EDITH H. GREGORY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4524 N FARM ROAD 117  
 City SPRINGFIELD State MO Zip Code 65803-7634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1140.32

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154064**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GEORGE H. GRELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2918 TRAPPER TRL  
 City WENTZVILLE State MO Zip Code 63385-2642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154675**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. MICHAEL C. GRESSER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 CHECKERED FLAG BLVD  
 City SHAKOPEE State MN Zip Code 55379-8967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152682**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1124 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MISS BARBARA R. GRIMALDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 6040  
 City MIRAMAR BEACH State FL Zip Code 32550-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153342**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MS. ELIZABETH GRIMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5615 GREGG TEX RD  
 City LONGVIEW State TX Zip Code 75604-9479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 353.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153540**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. VERONICA GROTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 MARK TWAIN LN  
 City EAST SETAUKET State NY Zip Code 11733-1764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF PSYCH NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155193**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1125 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ALICE GAE GRUNANDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 536 S 1600 E  
 City SPANISH FORK State UT Zip Code 84660-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154251**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
**CONTRIBUTION**

**B. MS. JUDITH GUST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15560 VISTA VICENTE DR.  
 City RAMONA State CA Zip Code 92065-4319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.155005**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**C. MRS. PHYLLIS M. GUSTAFSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1705 DICK DR.  
 City ABERDEEN State SD Zip Code 57401-7635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation SPECED TCHERRET  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **710.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152688**  
 Amount of Each Receipt this Period **310.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>710.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1126 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. PHILIP L. GUTHRIE**

Mailing Address 23755 MIDDLEBELT RD

City State Zip Code  
FARMINGTON HILLS MI 48336-2903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FORD MOTOR COMPANY ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155289**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT HABER**

Mailing Address 1998 RUSTIC TIMBERS LN

City State Zip Code  
PRESCOTT AZ 86303-4936

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152277**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. MARIE H. HADLEY**

Mailing Address 936 N PENN DR.

City State Zip Code  
WERNERSVILLE PA 19565-2036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153341**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1127 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES C. HAGEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 599 ALGOMA SPUR RD  
 City SAGLE State ID Zip Code 83860-9481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152114**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. MAURICE D. HAGEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 626 S 4TH ST  
 City WATSEKA State IL Zip Code 60970-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IROQUOIS COUNTY SHER DEPT Occupation SEC GUARD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 900.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152691**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. LEE R. HALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2078 HIGHWAY T22 S  
 City KELLOGG State IA Zip Code 50135-8541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 210.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152328**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	610.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1128 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT R. HALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 183  
 City SPANGLE State WA Zip Code 99031-0183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153561**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. DR. RONALD W. HAMNER M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 RUE FRANCOIS ST  
 City SAN ANTONIO State TX Zip Code 78238-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153559**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. WILLIAM R. HANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9946 NESBITT CIR  
 City BLOOMINGTON State MN Zip Code 55437-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MYSTIC LAKE CASINO Occupation BLACKJACK DEALR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152699**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1129 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. VIRGINIA F. HARDIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3104 WINTERBERRY SQ  
 City ROANOKE State VA Zip Code 24018-2824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **6000.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154356**  
 Amount of Each Receipt this Period **3000.00**  
 Memo Item  
**CONTRIBUTION**

**B. DR. FRED L. HARDWICKE M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3804 95TH ST  
 City LUBBOCK State TX Zip Code 79423-3918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEXAS TECH INTERNAL MED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152349**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
**CONTRIBUTION**

**C. REV T FRANKLIN HARKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 W COPELAND CIR  
 City LAURENS State SC Zip Code 29360-1752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation MINISTER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152115**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1130 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. NORMA J. HARMON**  
Full Name (Last, First, Middle Initial)

Mailing Address 36300 GREENBRIER RD

City GRAYSVILLE State OH Zip Code 45734-9725

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154584**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. MRS. HELEN HARPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 409 E BROADWAY AVE

City SAWYER State KS Zip Code 67134-9502

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. LAB ASSIT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152706**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**C. MS. NANCY Y. HARPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 N MAIN ST

City BRIDGEWATER State VA Zip Code 22812-1339

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation BEAUTICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152705**

Amount of Each Receipt this Period 150.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1131 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ALLEN K. HARROLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 848 CHERRY ST  
 City ADAMS State NE Zip Code 68301-6013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154054**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. THOMAS HART II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5737 E 22ND PL  
 City TULSA State OK Zip Code 74114-2317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152708**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. GLADYS HASSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 481 NAISMITH BLVD  
 City EUGENE State OR Zip Code 97404-1195  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152069**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1132 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD V. HASTINGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2505 CASCADE DR.  
 City WALNUT CREEK State CA Zip Code 94598-4315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SAN FRAN CITY & COUNTY HS- RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.154681**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 CONTRIBUTION

**B. MR. HENRY HAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2351 270TH AVE  
 City WALNUT GROVE State MN Zip Code 56180-9367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.154051**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. BILLY HAYES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 680 CHOPPED OAK CHURCH RD  
 City TOCCOA State GA Zip Code 30577-5438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.154680**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1133 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JEANNE C. HEIBNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3010 7TH ST N  
 APT 3C  
 City ST PETERSBURG State FL Zip Code 33704-2003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154349**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BONNIE HEIDORN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 DYARS MILL RD  
 City CAPE MAY COURT HOU State NJ Zip Code 08210-2031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152716**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. MS. GRACE M. HEINZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 W CENTURY BLVD  
 APT 20  
 City LODI State CA Zip Code 95240-6611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE OF CA Occupation RET. CSR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1686.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154829**  
 Amount of Each Receipt this Period  
 558.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1008.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1134 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. M HELDRIDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 850 SUMNER PKWY  
 APT 220  
 City COPLEY State OH Zip Code 44321-3317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.152717**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. FRANCISCA HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 N 82ND ST  
 City MESA State AZ Zip Code 85207-8529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.152331**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD L. HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9000 N CONGRESS AVE  
 APT 213  
 City KANSAS CITY State MO Zip Code 64153-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.32

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.152278**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1135 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD L. HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9000 N CONGRESS AVE  
 APT 213  
 City KANSAS CITY State MO Zip Code 64153-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.32

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155352**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 CONTRIBUTION

**B. MS. YVONNE HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2605 VARGAS WAY  
 City REDONDO BEACH State CA Zip Code 90278-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153563**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. CECIL L. HENKEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2110 LOCKLAINE DR.  
 City PASADENA State TX Zip Code 77502-3420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152721**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	415.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1136 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CECIL L. HENKEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2110 LOCKLAINE DR.  
 City PASADENA State TX Zip Code 77502-3420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154351**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JOHN HERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14063 FENTON LN  
 City SYLMAR State CA Zip Code 91342-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152727**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WILLIAM HERMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 RIVER RIDGE RD  
 City SEALY State TX Zip Code 77474-8525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MEMORIAL PATHOLOGY CONSUL M.D.  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155007**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1137 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LUCY J. HERN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1457 S 54TH ST  
 City MILWAUKEE State WI Zip Code 53214-5202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152729**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. LUCY J. HERN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1457 S 54TH ST  
 City MILWAUKEE State WI Zip Code 53214-5202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154504**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. RUTH B. HERRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 ABIGAIL LN  
 City ANDERSON State SC Zip Code 29621-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153338**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1138 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**The 2016 Committee**

**A. MRS. RUTH B. HERRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 ABIGAIL LN  
 City ANDERSON State SC Zip Code 29621-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154747**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. SHARON S. HESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15384 ORCHARD AVE  
 City BLUE RIDGE SUMMIT State PA Zip Code 17214-9741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154746**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. BRUCE HIGLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 CAMPUS COMMONS RD  
 City SACRAMENTO State CA Zip Code 95825-6632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **635.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154832**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<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 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1139 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. BRUCE HIGLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 880 CAMPUS COMMONS RD

City SACRAMENTO	State CA	Zip Code 95825-6632
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.154833**

Amount of Each Receipt this Period  
75.00

Memo Item  
CONTRIBUTION

**B. MS. FLORENCE C. HILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 S BROADWAY

City SALISBURY	State MO	Zip Code 65281-1123
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.152735**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. MR. JAMES O. HINES SR.**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 83

City BRACEY	State VA	Zip Code 23919-0083
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.155431**

Amount of Each Receipt this Period  
120.16

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	445.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1140 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. SGT.F RUSSELL W. HIPPLEWITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 OAK PINES BLVD

City State Zip Code  
PEMBERTON NJ 08068-1905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RET. MILITARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11.152368**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. SGT.F RUSSELL W. HIPPLEWITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 OAK PINES BLVD

City State Zip Code  
PEMBERTON NJ 08068-1905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RET. MILITARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11.154359**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**C. MISS NANCY G. HOBBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 SMITHBRIAR DR.

City State Zip Code  
VALDOSTA GA 31602-1341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF PROP. MNGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11.152740**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1141 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JANET HOEGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1368 340TH ST  
 City ATLANTIC State IA Zip Code 50022-7501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152741**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**B. MR. THOMAS G. HOFFMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 28TH ST  
 City PORTSMOUTH State OH Zip Code 45662-2641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152748**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. CLAUDIA D. HOLDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12433 W DE MEYER ST  
 City BOISE State ID Zip Code 83713-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152744**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1142 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DANIEL R. HOLDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 795 PEBBLE RD  
 City REYNOLDS State GA Zip Code 31076-3540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152743**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MISS ANN W. HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 95 LAUREL RIDGE PL  
 City HENDERSONVILLE State NC Zip Code 28739-5823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154711**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. WALTER HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 GOLFOVIEW DR.  
 City ALBANY State MN Zip Code 56307-9326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152220**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1143 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MANUEL F. HOMEM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 843 CALAVERAS RIDGE DR.  
 City MILPITAS State CA Zip Code 95035-3446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152750**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. BRUCE P. HOWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19913 75TH AVE NE  
 City KENMORE State WA Zip Code 98028-2046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHECK RIDE DRIVING SERVIC Occupation CDL INSTRUCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152757**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JUANITA S. HUFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1910 SAINT CLAIR DR.  
 City PEKIN State IL Zip Code 61554-6335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152761**  
 Amount of Each Receipt this Period 113.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1144 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JOAN D. HYLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 CREEK RD  
 City ESPERANCE State NY Zip Code 12066-2812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152765**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JOAN D. HYLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 CREEK RD  
 City ESPERANCE State NY Zip Code 12066-2812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154745**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. PATSY H. ICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 BRIARWOOD CT  
 City VAN State TX Zip Code 75790-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152281**  
 Amount of Each Receipt this Period  
 140.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1145 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARGARET INGLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12099 W 117TH ST S  
 City PRAIRIE CITY State IA Zip Code 50228-8456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DR. GREG INGLE Occupation BOOKKEEPER/DRS.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154947**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DONALD J. JABLONSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1025  
 City ANNA MARIA State FL Zip Code 34216-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1220.16

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152768**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ERNEST K. JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 W OAKLEY AVE  
 City LOWELL State IN Zip Code 46356-2233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153587**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1146 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JERRY G. JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 42ND AVE  
 City GREELEY State CO Zip Code 80634-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer O I Occupation MOLD TECHNICIAN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154033**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**B. MS. SUSAN I. JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 799 AMITY RD  
 City GALLOWAY State OH Zip Code 43119-8730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153590**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JACQUELINE V. JANSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1145 BACCUS DR. APT D  
 City LAFAYETTE State CO Zip Code 80026-2844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153591**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1147 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MELVIN W. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152782**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ROBERTA J. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 E BULLOCH ST  
 City WASHINGTON State UT Zip Code 84780-2303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152215**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. ROBERTA J. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 E BULLOCH ST  
 City WASHINGTON State UT Zip Code 84780-2303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152280**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1148 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DON P. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 LAUREL AVE  
APT 408

City SAN MATEO State CA Zip Code 94401-4181

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11.154025**

Amount of Each Receipt this Period  
150.00

Memo Item CONTRIBUTION

**B. MRS. MARTHA L. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 MCWHORTER CIR

City BREMEN State GA Zip Code 30110-3045

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE OF GEORGIA Occupation RETIRED TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3136.82

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11.152788**

Amount of Each Receipt this Period  
2500.00

Memo Item CONTRIBUTION

**C. MS. SUSANNA L. JONES-HART**  
Full Name (Last, First, Middle Initial)

Mailing Address 86-281 KAWILI ST

City WAIANAE State HI Zip Code 96792-2937

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11.154840**

Amount of Each Receipt this Period  
15.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2665.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1149 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JERALD KAHUT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17512 S JEAN DR.  
 City OREGON CITY State OR Zip Code 97045-7833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154339**  
 Amount of Each Receipt this Period **2500.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. FRED M. KAPETANSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2599 SONATA DR.  
 City COLUMBUS State OH Zip Code 43209-3212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FM KAPETANSKY M.D. INC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153595**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. EDWARD FAYE KEAST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 VINE ST  
 City CARSON State IA Zip Code 51525-4369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation FARMER RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154027**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1150 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT R. KEEGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1923 E JOYCE BLVD  
 APT 248  
 City FAYETTEVILLE State AR Zip Code 72703-5171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **690.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154338**  
 Amount of Each Receipt this Period **90.00**  
 Memo Item  
**CONTRIBUTION**

**B. MS. JUNE E. KELLERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 448 LAKE AVE NW  
 City TENSTRIKE State MN Zip Code 56683-2019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152334**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
**CONTRIBUTION**

**C. MS. JUNE E. KELLERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 448 LAKE AVE NW  
 City TENSTRIKE State MN Zip Code 56683-2019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154515**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>690.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1151 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. LINDA G. KENDALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 CLUB HOUSE RD  
 City KEY LARGO State FL Zip Code 33037-3600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154334**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. MS. EVA L. KIENLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6059 W LAZY HEART ST  
 City TUCSON State AZ Zip Code 85713-4318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154329**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MR. EDWIN B. KING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7310 SEAWALL BLVD APT 807  
 City GALVESTON State TX Zip Code 77551-1924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155085**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1152 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. RONALD G. KINZIE**

Mailing Address 350 W SCHAUMBURG RD  
APT A253

City State Zip Code  
SCHAUMBURG IL 60194-3475

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153606**

Amount of Each Receipt this Period  
10.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RODNEY A. KLEIN**

Mailing Address 355 MOUNTAIN VIEW DR.

City State Zip Code  
FOLSOM CA 95630-2203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED RETIRED ATTN Y

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152816**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. KATHERINE M. KNIGHT M.D.**

Mailing Address 4624 TRANSCONTINENTAL DR.

City State Zip Code  
METAIRIE LA 70006-2136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RET. PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152822**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 760.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1153 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ELIZABETH G. KOCHERHANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2703 W DELL DR.  
 City SPOKANE State WA Zip Code 99208-4546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154020**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MR. MARVIN C. KOEPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10791 W 92ND ST N  
 City RHODES State IA Zip Code 50234-8805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation LIVESTOCK FARM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152825**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. MR. EDWARD A. KOHOUT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9607 S 26TH ST  
 City BELLEVUE State NE Zip Code 68147-2484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152826**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1154 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN J. KOOIKER**

Mailing Address 3421 JAY AVE

City State Zip Code  
BOYDEN IA 51234-7574

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STATE OF IOWA RT ST LEGISLATR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153610**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. RAY M. KREIDER**

Mailing Address 40 EDMONT RD

City State Zip Code  
COLUMBIA PA 17512-9717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TURKEY HILL DAIRY INC TRANSPORTATION

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153328**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. THOMAS J. KRILOWICZ**

Mailing Address 311 TWIN LAKES DR.

City State Zip Code  
GRAY GA 31032-5033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152833**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1155 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DAWN A. KULASZEWICZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3810 ALDER LN  
 APT 425  
 City EAGAN State MN Zip Code 55122-3842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. R N  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153616**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MS. VIRGINIA M. LAGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19303 N NEW TRADITION RD  
 APT 238  
 City SUN CITY WEST State AZ Zip Code 85375-3853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154322**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. MR. JAMES E. LAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16116 BONAIRE CIR  
 City HUNTINGTON BEACH State CA Zip Code 92649-2066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154014**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1156 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**The 2016 Committee**

**A. MR. CLARENCE LALIBERTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2712 E 5TH ST  
 City State Zip Code  
 DULUTH MN 55812-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154013**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. LAURIE S. LANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1716 SHEFFIELD DR.  
 City State Zip Code  
 LOMPOC CA 93436-7137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CITY OF LOMPOC TEACHER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 770.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154012**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MS. VIRGINIA LANFRANKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 875 MADRONE LN  
 City State Zip Code  
 PATTERSON CA 95363-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153620**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1157 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JANET K. LANGENBAHN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 407 N KICKAPOO  
City LINCORN State IL Zip Code 62656-2139  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155355**  
Amount of Each Receipt this Period 50.00  
 Memo Item  
CONTRIBUTION

**B. MRS. CORRINE M. LASTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 307 OLD SUGAR CREEK RD  
City FENTON State MO Zip Code 63026-4947  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SWIFT PRINT COMMUNICATION Occupation PRINTER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154010**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
CONTRIBUTION

**C. MR. JAMES LAWSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1876 N THIMBLE LN  
City PRESCOTT VALLEY State AZ Zip Code 86314-1987  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154850**  
Amount of Each Receipt this Period 35.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1158 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. LILLIAN LAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6761 BIRCHTON CT  
 City DUBLIN State OH Zip Code 43017-1888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC HOME MAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152844**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MISS BETTY J. LEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1018 STADIUM AVE  
 City BIG SPRING State TX Zip Code 79720-3128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153622**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ANDREW J. LEHR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 WILLOWBROOK DR.  
 City ATHENS State TX Zip Code 75751-3534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ALLERGY CENTER PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152847**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1159 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BONNIE P. LEITER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6581 DETRICK RD  
 City MOUNT AIRY State MD Zip Code 21771-7822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155272**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. DR. GEORGE F. LENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1327 COLEMAN RIVER RD  
 City CLAYTON State GA Zip Code 30525-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation VETERINARIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153627**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. MS. MARIE LESETH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 CELEBRATION AVE APT 206  
 City KISSIMMEE State FL Zip Code 34747-5800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154006**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1160 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. STANLEY A. LIKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 915 MADISON ST  
 City PAWNEE State IL Zip Code 62558-9469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154309**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. BETTY LINCOLN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 246 WHISTLETOWN RD  
 City EAST LYME State CT Zip Code 06333-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155100**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**C. MR. CHUCK D. LINDENAU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4951 FAYETTE RD  
 City NEW LONDON State OH Zip Code 44851-9484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154607**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1161 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. KENNETH LINDEMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1660 HOFFMAN RD  
 APT 335  
 City GREEN BAY State WI Zip Code 54311-4237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152207**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CARL G. LINDSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2637 NW LACAMAS DR.  
 City CAMAS State WA Zip Code 98607-7662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152855**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BERNICE L. LINNEMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2613 COUNTY ROAD 721  
 City WEBSTER State FL Zip Code 33597-4312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152857**  
 Amount of Each Receipt this Period  
 53.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1162 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MRS. BERNICE L. LINNEMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2613 COUNTY ROAD 721  
 City WEBSTER State FL Zip Code 33597-4312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154522**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. LAURA E. LIVELY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 SOLARI CT  
 City EL DORADO HILLS State CA Zip Code 95762-5564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154005**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 CONTRIBUTION

**C. MR. BRUCE LONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1185 LEISURE WORLD  
 City MESA State AZ Zip Code 85206-3065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 421.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152288**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1163 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. JANE M. LONG**

Mailing Address **7220 YORK AVE S  
APT 227**

City **MINNEAPOLIS** State **MN** Zip Code **55435-4460**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STATE OF MN** Occupation **RET. CT REPORTER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**03 / 01 / 2016**

**Transaction ID : SA11.154311**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT L. LONG**

Mailing Address **1500 HIGHWAY DD**

City **MOBERLY** State **MO** Zip Code **65270-3158**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**03 / 01 / 2016**

**Transaction ID : SA11.153636**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MS. JUDITH LOREE**

Mailing Address **2845 CABELA CT**

City **RICHLAND** State **WA** Zip Code **99352-7203**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED SOCIAL**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **259.97**

Date of Receipt  
**03 / 01 / 2016**

**Transaction ID : SA11.154929**

Amount of Each Receipt this Period  
**35.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **485.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1164 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ALVAN LOWRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43233 1ST ST  
 P.O. BOX 703  
 City CRANE State OR Zip Code 97732-8018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153638**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. SANDRA LYLES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1109 GRAND AVE  
 City BEARDSTOWN State IL Zip Code 62618-1641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152867**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ELMER MACIEJEWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14183 360TH ST  
 APT 2  
 City AVON State MN Zip Code 56310-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRUMPER INC Occupation TRUCK DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152870**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1165 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. VIVIAN J. MALTBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1914 RIVIERA DR.  
 City BLYTHE State CA Zip Code 92225-4149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. ARTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153999**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. J N. MARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 311 STEWART DR.  
 City LEWISTON State ID Zip Code 83501-4255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IDAHO TRUCK SALES CO INC Occupation TRUCK DEALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152877**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. BETTY J. MARKSHEFFEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 518 CANYON RD  
 City KETCHIKAN State AK Zip Code 99901-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153645**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1166 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD P. MARSHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4041 FLAMINGO DR.  
 City MACON State GA Zip Code 31206-1857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. USA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152879**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GILBERT ALLEN MATHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2703 WOODS TRAIL SOUTH P.O. BOX 911  
 City BURNSVILLE State MN Zip Code 55306-5261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154855**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. HAZEL MATHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4861 SHADY RIVER LN  
 City FORT MYERS State FL Zip Code 33905-7455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(   
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154297**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1167 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BARBARA J. MATTHEWS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3104 LAKESHORE CT

City EUSTIS State FL Zip Code 32726-7335

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152885**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. MR. RICHARD L. MAUCH**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10

City BASSETT State NE Zip Code 68714-0010

FEC ID number of contributing federal political committee. **C**

Name of Employer R L MAUCH FARMS INC Occupation SELF EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152886**

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

**C. MS. JANICE M. MAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 312 FOWLER ST  
P.O. BOX 243

City MAPLE HILL State KS Zip Code 66507-9050

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152889**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1168 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. HAROLD B. MCCONNELL JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 COUNTY ROAD 388  
 City WETMORE State CO Zip Code 81253-9503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PUBLIC CITY SCHOOLS Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154529**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. MS. LORENE H. MCCORMACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1293 CORONA AVE  
 City MEDFORD State OR Zip Code 97504-5205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153994**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. JANE E. MCCULLOCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4130 EVERGREEN DR.  
 City FAIRFAX State VA Zip Code 22032-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154302**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1169 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ARTHUR D. MCENEARNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 E KANESVILLE BLVD  
 APT 111  
 City COUNCIL BLUFFS State IA Zip Code 51503-4768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152894**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**B. H ANNE MCEVOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8318 PAMELA DR.  
 City HENRICO State VA Zip Code 23229-4142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **267.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153314**  
 Amount of Each Receipt this Period **216.00**  
 Memo Item  
**CONTRIBUTION**

**C. MS. JUDITH M. MCFADDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24013 J PLACE  
 City OCEAN PARK State WA Zip Code 98640-3860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3050.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.155360**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>366.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1170 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. NEVA M. MCKINLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9109 S BROADWAY AVE  
 City OKLAHOMA CITY State OK Zip Code 73139-8307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153992**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. GLENNA MCMULLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 196 FOSTER RUN RD  
 City MIDDLEBOURNE State WV Zip Code 26149-7782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152902**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. DOROTHY MCWHIRTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 BUCKSKIN RD  
 City BELL CANYON State CA Zip Code 91307-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 534.83

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153990**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1171 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MORTON W. MCWHORTER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 656 HIGHWAY 94  
 City State Zip Code  
 ALEDO IL 61231-8603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153661**  
 Amount of Each Receipt this Period  
**200.00**  
 Memo Item  
 CONTRIBUTION

**B. MRS. PEGGY MEFFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2599 NE STUDIO RD  
 UNIT 207  
 City State Zip Code  
 BEND OR 97701-9879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED CAREGIVER RET.  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152906**  
 Amount of Each Receipt this Period  
**100.00**  
 Memo Item  
 CONTRIBUTION

**C. ALEJANDRINA METES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 246 WEBSTER STREET  
 City State Zip Code  
 MANCHESTER NH 03104-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154708**  
 Amount of Each Receipt this Period  
**40.00**  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **340.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1172 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. J EDWARD MEYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 S MONROE ST  
 APT 435  
 City DENVER State CO Zip Code 80210-3770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152197**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**B. THORE P. MEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 1ST AVE NE  
 APT 201  
 City BUFFALO State MN Zip Code 55313-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation CIVIL ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152204**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LORI A. MILLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 156 MULL AVE  
 City AVON LAKE State OH Zip Code 44012-1927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JUST LIKE FAMILY HOME CARE Occupation LPN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.16

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155112**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1173 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DIANE W. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 12286 N 86TH PL

City SCOTTSDALE State AZ Zip Code 85260-5337

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
03 / 01 / 2016  
Transaction ID : SA11.152923

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**B. MS. DIANE W. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 12286 N 86TH PL

City SCOTTSDALE State AZ Zip Code 85260-5337

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
03 / 01 / 2016  
Transaction ID : SA11.154273

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

**C. MR. DONALD J. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 CLAYMONT DR.

City BALLWIN State MO Zip Code 63011-2523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
03 / 01 / 2016  
Transaction ID : SA11.152132

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1174 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DUANE A. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1433 POPPY CT  
 City BEAUMONT State CA Zip Code 92223-2035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153982**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. LTC BOYAN MISHEV USAF RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3611 MAJESTIC LN  
 City BOWIE State MD Zip Code 20715-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. USAF  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152927**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. ROBERT S. MOON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 936 PLANTATION BLVD  
 City GALLATIN State TN Zip Code 37066-4494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUPONT Occupation RETIRED ENGINEE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152936**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1175 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. JAMES MORRISON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 920992

City DUTCH HARBOR State AK Zip Code 99692-0992

FEC ID number of contributing federal political committee. **C**

Name of Employer ILWU Occupation LONGSHOREMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.155494**

Amount of Each Receipt this Period  
 20.16

Memo Item  
CONTRIBUTION

**B. MR. RICHARD E. MORRIS SR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1438 1ST AVE

City FAIRVIEW HTS State IL Zip Code 62208-1450

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation USAF RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.152941**

Amount of Each Receipt this Period  
 70.00

Memo Item  
CONTRIBUTION

**C. MS. DOROTHY MORTELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 12271 BASTIAN RD

City HINCKLEY State IL Zip Code 60520-6000

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.152943**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1176 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. PAULINE A. MOTL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 E CYNTHIA LN  
 City LA GRANGE State TX Zip Code 78945-3418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152134**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. PETER W. MOYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 ABBEY PEAK LN  
 City INCLINE VILLAGE State NV Zip Code 89451-9386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 9500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153676**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. PETER W. MOYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 ABBEY PEAK LN  
 City INCLINE VILLAGE State NV Zip Code 89451-9386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 9500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154687**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4000.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1177 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. DOLORES J. MULLENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 CARY SHOP RD  
 City BURKEVILLE State VA Zip Code 23922-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HICHORY HILL RET. COMM Occupation ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154774**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ARNOLD S. MUNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9708 W HAWTHORNE ST  
 City CRYSTAL RIVER State FL Zip Code 34428-6111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154537**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 CONTRIBUTION

**C. MS. CHARLOTTE R. MUNNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 S PALOUSE ST  
 City WALLA WALLA State WA Zip Code 99362-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154538**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	320.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1178 OF 1531  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GREGORY MYERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19286 DESIREE LN  
City WOODBRIDGE State CA Zip Code 95258-9262  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152057**  
Amount of Each Receipt this Period 500.00  
 Memo Item  
CONTRIBUTION

**B. MS. RITA L. NAUMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1105 LAKERIDGE DR.  
City HASTINGS State NE Zip Code 68901-2582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154535**  
Amount of Each Receipt this Period 70.00  
 Memo Item  
CONTRIBUTION

**C. MS. RITA L. NAUMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1105 LAKERIDGE DR.  
City HASTINGS State NE Zip Code 68901-2582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154643**  
Amount of Each Receipt this Period 50.00  
 Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1179 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. VENITA M. NEEDHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 ANNA ST  
 City MOSCOW State ID Zip Code 83843-3509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.12

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154286**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**B. MR. ALBERT H. NEES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1017 S RUE ST  
 City WICHITA State KS Zip Code 67207-4346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152135**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JEROLD G. NEFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4921 FAIRWAY RIDGE CIR  
 City W BLOOMFIELD State MI Zip Code 48323-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.16

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152952**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1180 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JEROLD G. NEFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4921 FAIRWAY RIDGE CIR  
 City State Zip Code  
 W BLOOMFIELD MI 48323-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154865**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JEROLD G. NEFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4921 FAIRWAY RIDGE CIR  
 City State Zip Code  
 W BLOOMFIELD MI 48323-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155263**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**C. MR. RONALD C. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15929 WOODLET WAY CT  
 City State Zip Code  
 CHESTERFIELD MO 63017-5050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MONSANTO CO RET. ENGINEER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155207**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1181 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. STANLEY NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 651 NW 163RD ST  
 City Shoreline State WA Zip Code 98177-3727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154721**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DAVID J. NEMZEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5136 WALNUT PLACE LN  
 City Carmichael State CA Zip Code 95608-3081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153682**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JAMES NESBITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1703 BETSY CT  
 City Warsaw State IN Zip Code 46580-1802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152956**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 840.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1182 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARTHA A. NEUDING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 531 ELM AVE  
 City CIRCLEVILLE State OH Zip Code 43113-1935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152957**  
 Amount of Each Receipt this Period **70.00**  
 Memo Item  
 CONTRIBUTION

**B. MR. JON L. NICKERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19810 E CO 7TH ST  
 City WELLTON State AZ Zip Code 85356-6036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152195**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 CONTRIBUTION

**C. MR. RICHARD C. NOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 331  
 City HOPKINSVILLE State KY Zip Code 42241-0331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152963**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>370.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1183 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES NOONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 70  
 City WINDSOR State SC Zip Code 29856-0070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BSI ENGINEERING Occupation ENGINEER/OWNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155115**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM F. NORDSIEK JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 413 S NEBRASKA AVE  
 City MORTON State IL Zip Code 61550-2747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152964**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. GLENN NORFLEET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 BOB WHITE DR.  
 City MANCHESTER State TN Zip Code 37355-5920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1140.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152295**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1184 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BETTY NORMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 CHERRYWOOD CIR  
City MARSHALL State TX Zip Code 75672-7610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **320.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152296**  
Amount of Each Receipt this Period **55.00**  
 Memo Item  
CONTRIBUTION

**B. MS. HELEN GREESON O'NEAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4507 ASHE DR.  
City BURLINGTON State NC Zip Code 27215-8729  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **900.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152055**  
Amount of Each Receipt this Period **500.00**  
 Memo Item  
CONTRIBUTION

**C. MR. JAMES O'NEILL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2306 E PINHOOK RD  
City LAFAYETTE State LA Zip Code 70501-3956  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.155021**  
Amount of Each Receipt this Period **100.00**  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>655.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1185 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JACQUELINE G. OGDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3244 GALBRAITH LINE RD  
 City BROWN CITY State MI Zip Code 48416-8404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153686**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JEANIE ORR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8979 JENNA RD  
 City GERMANTOWN State TN Zip Code 38138-8436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation HOUSE WIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152977**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LOUIS D. OSWALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 W 10 RD  
 City AURORA State NE Zip Code 68818-4303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation RET. FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152054**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 470.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1186 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DANIEL B. PACKARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8701 SANDRINGHAM AVE  
 City LAS VEGAS State NV Zip Code 89129-7258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SILVER RIDGE HEALTH CARE Occupation RESP THERAPIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153693**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

**B. MS. MARY PAINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 CHARRO CT  
 City SANTA ROSA State CA Zip Code 95401-9042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153963**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item  
 CONTRIBUTION

**C. MR. EDWARD L. PANCOST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5511 PIONEER RD  
 City BOULDER State CO Zip Code 80301-3048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation DRYWALLCONTRACT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152294**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>235.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1187 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. FOXHALL A. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 HONEY HOLLOW RD  
 City POUND RIDGE State NY Zip Code 10576-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154266**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARY T. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 RIDGE PL  
 City LATHAM State NY Zip Code 12110-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 762.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152053**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. PAULINE R. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 514 KYLE CT  
 City GIBSONIA State PA Zip Code 15044-9743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152984**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1188 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. RUTH M. PARKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 MERRY LN  
 City BEAUMONT State CA Zip Code 92223-1818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153962**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. ALBERTINA M. PARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22424 N BIRCHWOOD LOOP APT 205  
 City CHUGIAK State AK Zip Code 99567-6481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152988**  
 Amount of Each Receipt this Period 106.00  
 Memo Item CONTRIBUTION

**C. ALBERTINA M. PARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22424 N BIRCHWOOD LOOP APT 205  
 City CHUGIAK State AK Zip Code 99567-6481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154640**  
 Amount of Each Receipt this Period 36.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	442.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1189 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JEFFERY PARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4671 COLLINS AVE  
 City ACWORTH State GA Zip Code 30101-5221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCKESSON Occupation PROGRAMMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152987**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. E S. PATTIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2404 RAYMOND PL  
 City HAYMARKET State VA Zip Code 20169-1541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153959**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. E S. PATTIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2404 RAYMOND PL  
 City HAYMARKET State VA Zip Code 20169-1541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154540**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1190 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. GLORIA J. PELLOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11588 VIA RANCHO SAN DIEGO  
 APT C-2034  
 City EL CAJON State CA Zip Code 92019-5277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF  
 Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.152994**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RAMON PEREZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 SE 6TH AVE  
 City DELRAY BEACH State FL Zip Code 33483-5263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation SURGEON  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.155014**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. DR. BRADLEY E. PERSONIUS M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 195 SERENITY LN  
 City GRANTS PASS State OR Zip Code 97526-9756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUTHERN OREGON CARDIOLOG Occupation CARDIOLOGIST  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.154983**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1191 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BETTY PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21798 160TH AVE  
 City BIG RAPIDS State MI Zip Code 49307-9319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. DAIRY FARME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.154472**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DALE R. PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 DEER VALLEY DR.  
 City LANDER State WY Zip Code 82520-9780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.152998**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. DONALD K. PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4020 CHARLESTON AVE  
 City HUTCHINSON State KS Zip Code 67502-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.153702**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1192 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. TERRI PETERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 132 E 62ND ST  
City TACOMA State WA Zip Code 98404-1201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GOLDEN RULE ADULT FAM HOM Occupation CAREGIVER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154473**  
Amount of Each Receipt this Period **30.00**  
 Memo Item  
CONTRIBUTION

**B. MRS. WANDA L. PLEMMONS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 215 SW PARK AVE  
City LAWTON State OK Zip Code 73501-5340  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154592**  
Amount of Each Receipt this Period **300.00**  
 Memo Item  
CONTRIBUTION

**C. MS. MARION F. POLMA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 618 MAIN ST  
City GARLAND State TX Zip Code 75040-6323  
FEC ID number of contributing federal political committee. **C**  
Name of Employer R DELTA ENGINEERS INC Occupation ADMIN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153009**  
Amount of Each Receipt this Period **100.00**  
 Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>430.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1193 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DAVID POPP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 SHERIDAN AVE  
 APT 16  
 City HOXIE State KS Zip Code 67740-9627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153010**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**B. MS. JACQUELINE PORTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 W WILSON BLVD  
 City HAGERSTOWN State MD Zip Code 21740-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **255.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153716**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. M SOLFRID PRICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2110 ALDERCREST ST  
 City SEASIDE State OR Zip Code 97138-7742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153015**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>175.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1194 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. CAROL L. PRICHARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 W LAKESHORE DR.  
 City STORM LAKE State IA Zip Code 50588-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153016**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. NORDY PRIERES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 632 SW 13TH AVE  
 City MIAMI State FL Zip Code 33135-3914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152140**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BARBARA A. PRUITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4920 OSAGE ST  
 City SWEET HOME State OR Zip Code 97386-3258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153022**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1195 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BARBARA A. PRUITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4920 OSAGE ST  
 City SWEET HOME State OR Zip Code 97386-3258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153023**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 CONTRIBUTION

**B. MS. LENORA H. PUSTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 138 W SUNFLOWER DR.  
 City PAYSON State AZ Zip Code 85541-6152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153722**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 CONTRIBUTION

**C. MS. GERALDINE RADUNZEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21932 STONEY CREEK PL  
 City COTTONWOOD State CA Zip Code 96022-7609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154696**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1196 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. GERALDINE RADUNZEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21932 STONEY CREEK PL  
 City State Zip Code  
 COTTONWOOD CA 96022-7609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154697**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. RACHEL M. RAMOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 N GARDEN RIDGE BLVD  
 APT 1206  
 City State Zip Code  
 LEWISVILLE TX 75077-2969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152050**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. RACHEL M. RAMOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 N GARDEN RIDGE BLVD  
 APT 1206  
 City State Zip Code  
 LEWISVILLE TX 75077-2969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152141**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1197 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. PAMELA RAMSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1934 W DES MOINES CIR  
 City MESA State AZ Zip Code 85201-4532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEWIS ROCA ROTHGERBER Occupation PARALEGAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154920**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MS. PAMELA RAMSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1934 W DES MOINES CIR  
 City MESA State AZ Zip Code 85201-4532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEWIS ROCA ROTHGERBER Occupation PARALEGAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154921**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MR. ARTHUR R. RANEY JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 WESTBROOK DR.  
 City MOORESVILLE State IN Zip Code 46158-1033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152255**  
 Amount of Each Receipt this Period 57.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 257.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1198 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MR. ARTHUR R. RANEY JR.**

Mailing Address 1020 WESTBROOK DR.

City State Zip Code  
MOORESVILLE IN 46158-1033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154589**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. ROSE RANGEL**

Mailing Address 15226 9TH AVE SW

City State Zip Code  
BURIEN WA 98166-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154879**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. ROSE RANGEL**

Mailing Address 15226 9TH AVE SW

City State Zip Code  
BURIEN WA 98166-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155301**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1199 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. INA M. RASMUSSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 W HARRISON AVE  
 P.O. BOX 285  
 City CLAREMONT State CA Zip Code 91711-4538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154453**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. JAMES E. RAYNESFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4419 CANEHILL AVE  
 City LAKEWOOD State CA Zip Code 90713-2923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153728**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**C. MRS. BOBBIE RECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2229 N 1950 ST  
 City SAINT ELMO State IL Zip Code 62458-4137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPS Occupation FIELD REP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153727**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1200 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. MELVIN REED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1248 FRICK RD  
 City LEONARD State MI Zip Code 48367-3174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation MED SCHOOL PROF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.155295**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 CONTRIBUTION

**B. MRS. MARILYN J. REID**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2244 HANOVER DR.  
 City INDIANAPOLIS State IN Zip Code 46227-4304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153036**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

**C. MS. JOHN F. REILLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 277 BROOKSHIRE BLVD  
 City BILLINGS State MT Zip Code 59102-6864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NA Occupation DISABLED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153302**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1201 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. GARY M. REISER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 295  
 City LONE PINE State CA Zip Code 93545-0295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CAR WASH OWNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2200.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154451**  
 Amount of Each Receipt this Period **1200.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. JAMES REMILLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9650 S OCEAN DR. APT 1406  
 City JENSEN BEACH State FL Zip Code 34957-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153726**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
**CONTRIBUTION**

**C. MR. LEON RENEAU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5438 FELTER RD  
 City SAN JOSE State CA Zip Code 95132-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153947**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1202 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ROMANA REYES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 FERNDALE LN  
 City State Zip Code  
 LINCOLN PARK NJ 07035-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JERSEY CITY MEDICAL CENTE R.N.  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154985**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MISS MONTE RICHARDSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 HIGHBRIDGE XING  
 APT 3301  
 City State Zip Code  
 ASHEVILLE NC 28803-4169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153733**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 CONTRIBUTION

**C. MS. SHIRLEY E. RISK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1902 RIVERVUE  
 City State Zip Code  
 DRUMORE PA 17518-9734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153046**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1203 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. SHIRLEY E. RISK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1902 RIVERVUE  
 City DRUMORE State PA Zip Code 17518-9734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153941**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RONALD A. RITTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2037 E MISSION RD  
 City FALLBROOK State CA Zip Code 92028-1806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED CLERGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 645.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155153**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**C. MS. BETTY LOU ROACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4710 BETHLEHEM RD  
 City PLANT CITY State FL Zip Code 33566-8225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETUSPOSTALSERV  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154458**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1204 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT LEE ROBERTSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14462 CHANDLERVILLE RD  
 City BEARDSTOWN State IL Zip Code 62618-7701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153048**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. CLIFF ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 N 350 E  
 City RUPERT State ID Zip Code 83350-9493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153049**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. NORMAN RODRIGUEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 698 EATON ST  
 City MEMPHIS State TN Zip Code 38120-2803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4025.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153298**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1205 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The 2016 Committee**

**A. MR. STEVE RORICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 12231 E 185TH ST

City ARTESIA State CA Zip Code 90701-5908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 01 / 2016  
**Transaction ID : SA11.155015**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B. MR. JAMES S. ROSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7381 SE 172ND LEGACY LN

City THE VILLAGES State FL Zip Code 32162-5346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 01 / 2016  
**Transaction ID : SA11.153056**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. MRS. DIANE ROTERING**  
Full Name (Last, First, Middle Initial)

Mailing Address 7690 GROOMS RD

City MISSOULA State MT Zip Code 59808-8581

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
03 / 01 / 2016  
**Transaction ID : SA11.154464**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1206 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. EVELYN L. ROYAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3144 GRACEFIELD RD  
 APT 128  
 City SILVER SPRING State MD Zip Code 20904-5879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153296**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. ELIZABETH RUBOTTOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 DUVALI DR.  
 City VENTURA State CA Zip Code 93003-2151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WH RUBOTTOM CO Occupation RET. OF MGR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153738**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 CONTRIBUTION

**C. MR. HEINZ RUDOLF M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 BRADINGTON PL  
 City COLUMBIA State IL Zip Code 62236-2558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RET. PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153739**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1207 OF 1531  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. EMMA LOU RUSK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 CARTER PL  
 City WINCHESTER State VA Zip Code 22602-6428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KOHL'S Occupation TRUCK UNLOADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155152**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 CONTRIBUTION

**B. MS. ADDIE SALTZMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 FOREST DR.  
 City ROSWELL State NM Zip Code 88203-2605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153073**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RAYMOND D. SAUER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 91-967 AKAHOLO ST  
 City EWA BEACH State HI Zip Code 96706-2203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152245**  
 Amount of Each Receipt this Period 105.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 340.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1208 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RALPH SCHABER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4845 CRESTHAVEN DR.  
 City LINCORN State NE Zip Code 68516-1236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation RET. RADIOL TECH  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154664**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item CONTRIBUTION

**B. MR. PAUL G. SCHEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 431 PRAIRIE CENTER DR. APT 301  
 City EDEN PRAIRIE State MN Zip Code 55344-7980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **550.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153932**  
 Amount of Each Receipt this Period **210.00**  
 Memo Item CONTRIBUTION

**C. MRS. VIRGINIA W. SCHELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81 IDENT RD  
 City SOUTH WINDSOR State CT Zip Code 06074-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152022**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>360.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1209 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ELEANOR J. SCHIEFFELIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 39  
 City EMIGRANT State MT Zip Code 59027-0039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153921**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. CHERYL A. SCHMITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 RHONDA AVE  
 City AMARILLO State TX Zip Code 79118-5744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153751**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JOHN H. SCHMIDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20513 NW 13TH ST  
 City DUNNELLON State FL Zip Code 34431-1517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.64

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153090**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1210 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. IRIS E. SCHOOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3055 BITTERSWEET LN  
 City ODESSA State MO Zip Code 64076-6274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **310.00**

Date of Receipt: **03 / 01 / 2016**  
**Transaction ID : SA11.154441**  
 Amount of Each Receipt this Period: **30.00**  
 Memo Item  
**CONTRIBUTION**

**B. MR. R E. SCHROEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 831 W ARDUSSI ST  
 City FRANKENMUTH State MI Zip Code 48734-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **RETIRED** Occupation: **RETIRED**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5912.00**

Date of Receipt: **03 / 01 / 2016**  
**Transaction ID : SA11.153096**  
 Amount of Each Receipt this Period: **2016.00**  
 Memo Item  
**CONTRIBUTION**

**C. MS. JUDY SCHULTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1611 BUTTE DES MORTS BEACH RD  
 City NEENAH State WI Zip Code 54956-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **INFORMATION REQUESTED PER BEST EFF** Occupation: **INFORMATION REQUESTED PER BEST EFF**  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt: **03 / 01 / 2016**  
**Transaction ID : SA11.152148**  
 Amount of Each Receipt this Period: **100.00**  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2146.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1211 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JAMES S. SCHUMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2315 PHILLIPS CIR  
 APT B  
 City MONTROSE State CO Zip Code 81401-5755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153929**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LARRY SCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4174 N VILLAGE ST  
 City BUCKEYE State AZ Zip Code 85396-3559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 911 ETC INC PRESIDENT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154885**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LINDA K. SCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6227 LAKE APOPKA PL  
 City SAN DIEGO State CA Zip Code 92119-3520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154735**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1212 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. J W. SEARLES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2191 WOODLYNN AVE  
 City SAINT PAUL State MN Zip Code 55109-1456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.154444**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item CONTRIBUTION

**B. MS. VERDA SEEKLANDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 226  
 City HAZELTON State ND Zip Code 58544-0226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153102**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item CONTRIBUTION

**C. MR. ELLIOTT M. SELLNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1809 PRAIRIE AVE SW  
 City FARIBAULT State MN Zip Code 55021-5514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.152248**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1213 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. STEVE J. SEWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2460

City SEGUIN State TX Zip Code 78156-2460

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152249**

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

**B. MR. RONALD J. SHANDOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 25117 HICKORY RIDGE LN

City GAITHERSBURG State MD Zip Code 20882-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.155305**

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

**C. MR. MARTIN SHARDA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2563 SCARLET OAK DR. SE

City GRAND RAPIDS State MI Zip Code 49512-9137

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152045**

Amount of Each Receipt this Period 60.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1214 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN A. SHAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 W 720TH AVE  
 City State Zip Code  
 FORT SCOTT KS 66701-8782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153109**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. JEANNE A. SHEA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1691 GLEN ETHEL LN  
 City State Zip Code  
 LONGWOOD FL 32779-2769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 203.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154447**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. VERLEEN L. SHEAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 463  
 City State Zip Code  
 JUD ND 58454-0463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154753**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1215 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JOYCE P. SHIERLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9740 WHITESVILLE RD  
 City State Zip Code  
 FORTSON GA 31808-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMP RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 424.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153916**  
 Amount of Each Receipt this Period  
 106.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DEBORAH SHLAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16255 SUMMER SAGE RD  
 City State Zip Code  
 POWAY CA 92064-1437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS HOUSEWIFE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154987**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MS. JOANN SHRINER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2706 FERNLEAF RD  
 City State Zip Code  
 CHARLOTTE SVLE VA 22911-8277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1130.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153761**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.16  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1216 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. JOANN SHRINER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2706 FERNLEAF RD  
 City CHARLOTTEVALE State VA Zip Code 22911-8277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1130.64

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154760**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM K. SIMMONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 MELODY LN  
 City DUNCANVILLE State TX Zip Code 75116-4610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153113**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. EDWARD SLAYBAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4170 WINTERGREEN BLVD  
 City COLUMBUS State OH Zip Code 43230-1072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154429**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.16
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1217 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BOBBIE S. SLUSHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1110 STACK RD  
 City MONROE State NC Zip Code 28112-9443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153122**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WARREN L. SMINK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10960 OLD FREDERICK RD  
 City WOODSTOCK State MD Zip Code 21163-1302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153123**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BONNIE S. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 REGENTS CROSSE LN APT 2C  
 City RICHMOND State VA Zip Code 23238-6081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HLTHY SOLUT. SHARP PROP. Occupation BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153291**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1330.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1218 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. EUGENE A. SMITH</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2016
Mailing Address 3571 HIGHLAND AVE		<b>Transaction ID : SA11.153125</b>
City SAINT PAUL	State MN	Zip Code 55110-5311
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	<input type="checkbox"/> Memo Item CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. MR. HAROLD P. SMITH</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2016
Mailing Address 23 NATHAN CT		<b>Transaction ID : SA11.152243</b>
City WATERBURY	State CT	Zip Code 06708-1917
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	<input type="checkbox"/> Memo Item CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. MRS. JUNE A. SOMMER</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2016
Mailing Address 1114 GUINEA DR.		<b>Transaction ID : SA11.153776</b>
City HOUSTON	State TX	Zip Code 77055-7508
FEC ID number of contributing federal political committee.	C	
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation MEDICAL TECH	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	<input type="checkbox"/> Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	520.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1219 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. AILEEN F. SPANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3942 E ACACIA AVE

City FRESNO State CA Zip Code 93726-0907

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.154588**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MR. W A. SPEAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 216 WITWER CT NW

City LOS LUNAS State NM Zip Code 87031-8438

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RET. MILITARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.152244**

Amount of Each Receipt this Period  
 300.00

Memo Item  
CONTRIBUTION

**C. MRS. PAMELA D. SPENCER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1897 L ST  
LOT 10

City KODIAK State AK Zip Code 99615-6902

FEC ID number of contributing federal political committee. **C**

Name of Employer FULL TIME VOLUNTEER Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.154433**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1220 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JEAN B. STEFANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12700 N 1ST ST  
 City PARKER State CO Zip Code 80134-9429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153785**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. JAMES M. STERN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 190  
 City GILBERTSVILLE State KY Zip Code 42044-0190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153148**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RONALD G. STINEBISER USN RET.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1195 LA MOREE RD SPC 112  
 City SAN MARCOS State CA Zip Code 92078-4531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US NAVY Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153782**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1221 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. ROSALIE L. STRANG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1650 KOEHLER DR. NW  
 UNIT 215  
 City CEDAR RAPIDS State IA Zip Code 52405-1576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153286**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MS. CHRISTINE MALONE STREET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 386 POLK ST NW  
 City MARIETTA State GA Zip Code 30064-2308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152028**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MRS. CHARLENE STRIDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 604 LONDON CT  
 City GRAND JCT State CO Zip Code 81504-5277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153154**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1222 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MS. CATHERINE STURM**  
 Mailing Address 136 SAND SHORE RD  
 City State Zip Code  
 BUDD LAKE NJ 07828-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED NURSE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153284**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. ALICE E. SUMIDA**  
 Mailing Address 2309 SW 1ST AVE  
 APT 1545  
 City State Zip Code  
 PORTLAND OR 97201-5076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153792**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. CHARLES SUTHERLAND**  
 Mailing Address 2204 PASADENA ST  
 City State Zip Code  
 SANTA ANA CA 92705-7947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152237**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 10150.00  
**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1223 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. DUANE B. SWANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 817 SKYLINE DR.

City BASSETT State NE Zip Code 68714-5053

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.152235**

Amount of Each Receipt this Period  
 100.00

Memo Item  
CONTRIBUTION

**B. MR. EUGENE E. SZAFAROWICZ**  
Full Name (Last, First, Middle Initial)

Mailing Address PSC 76 BOX 2664

City APO State AP Zip Code 96319-0027

FEC ID number of contributing federal political committee. **C**

Name of Employer AAFES Occupation RETAIL SHIFT MG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.154913**

Amount of Each Receipt this Period  
 20.16

Memo Item  
CONTRIBUTION

**C. MR. DALE P. TAGGART**  
Full Name (Last, First, Middle Initial)

Mailing Address 11464 SW 48TH TER

City TOWANDA State KS Zip Code 67144-9271

FEC ID number of contributing federal political committee. **C**

Name of Employer BEEHCRAFT CORP Occupation INTL CERT ENGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 296.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.153166**

Amount of Each Receipt this Period  
 113.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	233.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1224 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. W LOUISE TAGLIAVINI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2A SAWMILL PARK  
 City SOUTHWICK State MA Zip Code 01077-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154587**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. TERRY F. TANNER M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 323 SNELL ISLE BLVD NE  
 City SAINT PETERSBURG State FL Zip Code 33704-3647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. M.D.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152157**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. MR. DON M. TERBEEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 575 JACKSON ST SW  
 City GRANDVILLE State MI Zip Code 49418-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TER BECK & SCOTT ELECT Occupation RET. ELEC CONT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153806**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1225 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. JANE L. THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 SPUR  
 City HINTON State OK Zip Code 73047-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153175**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MR. KEN A. THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 FOOTHILL VILLAGE DR.  
 APT 343  
 City ANGELS CAMP State CA Zip Code 95222-9434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154734**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. EMERSON R. THORNTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 S PINE ST  
 APT 221  
 City BURLINGTON State WI Zip Code 53105-2327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NESTLE FOOD CORP Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153892**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1226 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. KETURAH THUNDER-HAAB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 PINE BRAE DRIVE  
 City ANN ARBOR State MI Zip Code 48105-2723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153179**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. WILLIAM P. TICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 SUNSHINE LAKE RD  
 City MIDWAY State GA Zip Code 31320-2404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152267**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. MAUREEN TRULLINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 822523  
 City VANCOUVER State WA Zip Code 98682-0055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADVENTIST MEDICAL CENTER, Occupation REGISTERED NURS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155029**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1227 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. BARBARA H. TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 WINTER ST  
 City State Zip Code  
 LINCOLN MA 01773-3501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF / RETIRED REALTOR  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152159**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. MS. PATRICIA R. ULBRICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6863 BALSAM ST  
 City State Zip Code  
 ARVADA CO 80004-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153809**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. MR. RALPH E. ULM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 N PARK LN  
 City State Zip Code  
 FAIRFIELD IL 62837-1927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153193**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1228 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RICHARD S. UTTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23018 GALVA AVE  
 City State Zip Code  
 TORRANCE CA 90505-3521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 590.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153885**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. RICHARD S. UTTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23018 GALVA AVE  
 City State Zip Code  
 TORRANCE CA 90505-3521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 590.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155329**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. BARBARA E. VAN AMBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 NEWBERRY LN  
 City State Zip Code  
 HOWELL MI 48843-9567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.152234**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1229 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. HATTIE VAN WYK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1307 BOONE ST  
 City PELLA State IA Zip Code 50219-1179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153198**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 CONTRIBUTION

**B. C RICHARD VAUGHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 495 CROSSINGHAM RD  
 City MT. AIRY State NC Zip Code 27030-9169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.155136**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. EDWIN VERBURG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3484 MONROE AVE  
 City SHELDON State IA Zip Code 51201-7527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153200**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1230 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. THOMAS L. VIVIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 MUSCONETCONG RIVER RD  
 City HAMPTON State NJ Zip Code 08827-3022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153277**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. DON L. WALCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5525 ANTELOPE WAY  
 City WEED State CA Zip Code 96094-9655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153822**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MR. JACK WALKEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1085  
 City EVERETT State WA Zip Code 98206-1085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153121**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1231 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. ED J. WALLGREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1034 CLIFF VIEW LN  
 City OAK HARBOR State WA Zip Code 98277-8286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PRACKTIONER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153882**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

**B. MS. NETA K. WARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7536 MACKENZIE DR. NE  
 City RIO RANCHO State NM Zip Code 87144-8413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153834**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item  
 CONTRIBUTION

**C. MS. ALETA L. WARREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63535 OVERTREE RD  
 City BEND State OR Zip Code 97701-8800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153217**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1232 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. CAROLYN WELLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1344 S COLONIAL DR.  
 City State Zip Code  
 SALT LAKE CITY UT 84108-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 01 / 2016**  
**Transaction ID : SA11.153873**  
 Amount of Each Receipt this Period  
**200.00**  
 Memo Item  
 CONTRIBUTION

**B. MS. KEITHA K. WELLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3911 APPALACHIAN TRL  
 City State Zip Code  
 KINGWOOD TX 77345-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED HOUSEWIFE  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **335.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 01 / 2016**  
**Transaction ID : SA11.155424**  
 Amount of Each Receipt this Period  
**25.00**  
 Memo Item  
 CONTRIBUTION

**C. MR. RAYMOND N. WESTRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3467 LAKEVIEW RD  
 City State Zip Code  
 FORT VALLEY GA 31030-5825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 01 / 2016**  
**Transaction ID : SA11.153229**  
 Amount of Each Receipt this Period  
**15.00**  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **240.00**  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1233 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ARTHUR H. WEYRAUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 CEDAR ST  
 City NICEVILLE State FL Zip Code 32578-8702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF RET. Occupation RETIRED COL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873.55

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152036**  
 Amount of Each Receipt this Period 20.17  
 Memo Item  
 CONTRIBUTION

**B. MR. ARTHUR H. WEYRAUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 CEDAR ST  
 City NICEVILLE State FL Zip Code 32578-8702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF RET. Occupation RETIRED COL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873.55

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152327**  
 Amount of Each Receipt this Period 320.16  
 Memo Item  
 CONTRIBUTION

**C. KERRY MAE WHEELER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1758  
 City LIVINGSTON State TX Zip Code 77351-0032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation MINISTER/CNSLR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152164**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	540.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1234 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. DR. EDWARD WHITESIDES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1717 KNOX RD  
 City CLOVER State SC Zip Code 29710-7442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation ORTHO SURGEON  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.155117**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 CONTRIBUTION

**B. MRS. LAUREL J. WICKLUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4751 E VALLEY BROOK RD  
 City SUPERIOR State WI Zip Code 54880-8043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **263.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153842**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 CONTRIBUTION

**C. MRS. LAUREL J. WICKLUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4751 E VALLEY BROOK RD  
 City SUPERIOR State WI Zip Code 54880-8043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **263.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : SA11.153843**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1235 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. VERNON WICKSTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19574 AMERICAN AVE  
 City HILMAR State CA Zip Code 95324-9031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RET. DAIRY FARM RET. DAIRY FARM  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.153871**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. GALE M. WIEDEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 VALLEY CREEK DR. SW  
 City CARTERSVILLE State GA Zip Code 30120-6372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.153838**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LORETTA M. WIEHR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 RAINBOW DR. PMB 10213  
 City LIVINGSTON State TX Zip Code 77399-2002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4000.00

Date of Receipt  
 03 / 01 / 2016  
**Transaction ID : SA11.154495**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1236 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. GEORGIA WIESTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7760 SANTA ROSA RD  
 City State Zip Code  
 BUELLTON CA 93427-9421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154906**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. GEORGIA WIESTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7760 SANTA ROSA RD  
 City State Zip Code  
 BUELLTON CA 93427-9421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154907**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**C. MS. LINDA WILDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4405 LENNOX DRIVE  
 City State Zip Code  
 MIDLAND TX 79707-3322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ECISD PRNCPL OCTECHS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154911**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1237 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. BARBARA J. WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1206 S RIVER RD  
 City JANESVILLE State WI Zip Code 53546-5452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154390**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. MRS. CONSTANCE S. WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2807 SUNSET DR.  
 City BELLINGHAM State WA Zip Code 98225-2536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOUSEWIFE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153845**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. MRS. DIANNE M. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1740 29TH AVENUE CT  
 City GREELEY State CO Zip Code 80634-5729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RET. R.N.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153866**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1238 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MRS. PAMELA WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 814 CAMINO CABALLO  
 City NIPOMO State CA Zip Code 93444-9573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153865**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

**B. MRS. FLORENCE M. WINDHORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 WILLOWS LN  
 City ALDAN State PA Zip Code 19018-3135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153248**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
**CONTRIBUTION**

**C. MRS. FLORENCE M. WINDHORST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 WILLOWS LN  
 City ALDAN State PA Zip Code 19018-3135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154722**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1239 OF 1531
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ROBERT W. WITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9446 STATE HIGHWAY 172  
 City State Zip Code  
 IGNACIO CO 81137-9125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF FARMER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153252**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. MRS. EUNICE V. WIXTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 637 LEITCH CREEK RD  
 City State Zip Code  
 KOOSKIA ID 83539-5124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153847**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**C. MS. GISELA WOIWODE-DALES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 GARY AVE  
 City State Zip Code  
 TAYLORS SC 29687-4111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED HOUSEWIFE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153254**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1240 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. ARTHUR C. WOOD JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8600 SKYLINE DR.  
 APT 1148  
 City DALLAS State TX Zip Code 75243-4170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153272**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
**CONTRIBUTION**

**B. MR. RICHARD L. WOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3775 W D AVE  
 City KALAMAZOO State MI Zip Code 49009-9080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153271**  
 Amount of Each Receipt this Period 800.00  
 Memo Item  
**CONTRIBUTION**

**C. MR. DONALD KENNETH WOODARD JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6403 SPRINGHOUSE CIR  
 City STONE MOUNTAIN State GA Zip Code 30087-3509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152221**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1241 OF 1531  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. KEVIN WOODARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3008 HIGHLAND RIDGE DR.  
 City NORMAN State OK Zip Code 73069-8343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CITY OF EDMOND FIRE STATI Occupation FIRE CAPTAIN AN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154992**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. MR. LARRY WOODLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11730 PEBBLEPOINTE PASS  
 City CARMEL State IN Zip Code 46033-9667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154377**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 CONTRIBUTION

**C. MR. LUCIAN E. WORK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6406 SUTLER STORE CT  
 City CENTREVILLE State VA Zip Code 20121-2370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.153861**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1242 OF 1531
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MS. MARY M. YORKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 KRAEMER ST  
 City State Zip Code  
 HICKSVILLE NY 11801-4324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153856**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**B. MS. DOROTHY K. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4328 N HALL ST  
 City State Zip Code  
 DALLAS TX 75219-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.153265**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. MS. DOROTHY K. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4328 N HALL ST  
 City State Zip Code  
 DALLAS TX 75219-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11.154500**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1243 OF 1531
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. THOMAS L. YOUNGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 188  
 City ZELLWOOD State FL Zip Code 32798-0188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ZELLWIN FARMS CO Occupation AGRICULTURE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152274**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MR. WILLARD C. ZIEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4687 W LOWES CREEK RD  
 City EAU CLAIRE State WI Zip Code 54701-9443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USAF Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 550.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.152275**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. J-J MOBILE HOME PARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6211 15TH ST E LOT 68  
 City BRADENTON State FL Zip Code 34203-7744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : SA11.154150**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	1245344.38

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1244 OF 1531  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. NATIONAL DRAFT BEN CARSON FOR PRESIDENT COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 370 MAPLE AVE W  
 SUITE 4  
 City VIENNA State VA Zip Code 22180-5615  
 FEC ID number of contributing federal political committee. **C** C00548420  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2016  
**Transaction ID : SA12.92074**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item  
**TRANSFER**

**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  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1245 OF 1531
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. SOUTHWEST PUBLISHING & MAILING**

Mailing Address 4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2278.10

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 04 / 2016

**Transaction ID : REFUND1**

Amount of Each Receipt this Period  
2278.10

Memo Item  
POSTAGE REFUND

POSTAGE REFUND

Full Name (Last, First, Middle Initial)  
**B. ALLEN BRANDSTATER ASSOCIATES**

Mailing Address 1241 OAK CIRCLE DRIVE

City GLENDALE State CA Zip Code 91208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA15.92001**

Amount of Each Receipt this Period  
5000.00

Memo Item  
BILLBOARD REFUND

Full Name (Last, First, Middle Initial)  
**C. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
22732.11

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : REFUND1\_B**

Amount of Each Receipt this Period  
22732.11

Memo Item  
POSTAGE REFUND

POSTAGE REFUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30010.21
<b>TOTAL</b> This Period (last page this line number only).....	30010.21

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1246 OF 1531
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. OMEGA LIST COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30447.30

Date of Receipt  
01 / 01 / 2016

**Transaction ID : LIST 1**

Amount of Each Receipt this Period  
30447.30

Memo Item  
LIST RENTAL INCOME  
LIST RENTAL INCOME

**B. OMEGA LIST COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
26153.44

Date of Receipt  
02 / 01 / 2016

**Transaction ID : LIST 2**

Amount of Each Receipt this Period  
26153.44

Memo Item  
LIST RENTAL INCOME  
LIST RENTAL INCOME

**C. OMEGA LIST COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30590.96

Date of Receipt  
03 / 01 / 2016

**Transaction ID : LIST 3**

Amount of Each Receipt this Period  
30590.96

Memo Item  
LIST RENTAL INCOME  
LIST RENTAL INCOME

<b>SUBTOTAL</b> of Receipts This Page (optional).....	87191.70
<b>TOTAL</b> This Period (last page this line number only).....	87191.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL SERVICE FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SB21B.I91774**

Amount of Each Disbursement this Period

311.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
#400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SB21B.I91790**

Amount of Each Disbursement this Period

4315.65

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
#400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 01 / 2016

**Transaction ID : SB21B.I91791**

Amount of Each Disbursement this Period

2376.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7003.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : **SB21B.I91722**

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PARKS AT NEXTON**

Mailing Address 2000 FRONT STREET

City SUMMERVILLE State SC Zip Code 29483

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

Transaction ID : **SB21B.I92678**

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CONCUR TECHNOLOGIES**

Mailing Address 601 108TH AVENUE NE  
SUITE 1000

City BELLEVUE State WA Zip Code 98004-4750

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : **SB21B.I91760**

Amount of Each Disbursement this Period

544.76

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1294.76



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. DIRECTMAIL.COM**

Date of Disbursement: MM / DD / YYYY  
01 / 04 / 2016

Mailing Address 5351 KETCH ROAD

City PRINCE FREDERICK State MD Zip Code 20678-3470

Purpose of Disbursement OTHER - SHIPPING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B.I91633**

Amount of Each Disbursement this Period: 749.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. ECG DATA CENTER**

Date of Disbursement: MM / DD / YYYY  
01 / 04 / 2016

Mailing Address 1420 SPRING HILL ROAD SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement DIRECT MAIL - FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B.I91636**

Amount of Each Disbursement this Period: 3888.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. ECG DATA CENTER**

Date of Disbursement: MM / DD / YYYY  
01 / 04 / 2016

Mailing Address 1420 SPRING HILL ROAD SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement OTHER - DATA CENTER INVOICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B.I91637**

Amount of Each Disbursement this Period: 1673.08

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6311.30

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
POSTAGE - MS. INV ADJUSTMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : **SB21B.I91644**

Amount of Each Disbursement this Period

363.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
OTHER - SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : **SB21B.I91645**

Amount of Each Disbursement this Period

3455.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK DR.

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement  
OTHER - STORAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : **SB21B.I91647**

Amount of Each Disbursement this Period

255.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4074.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. SPS2 REALTY HOLDINGS LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 815 ELM STREET #3C

City MANCHESTER State NH Zip Code 03101-2129

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2016

Transaction ID : **SB21B.I91780**

Amount of Each Disbursement this Period: 1575.00

Memo Item

**B. WASHINGTON INTELLIGENCE BUREAU**

Full Name (Last, First, Middle Initial)

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151-1501

Purpose of Disbursement OTHER - SHIPPING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2016

Transaction ID : **SB21B.I91648**

Amount of Each Disbursement this Period: 596.41

Memo Item

**C. WESTLAND PRINTERS**

Full Name (Last, First, Middle Initial)

Mailing Address 14880 SWEITZER LANE

City LAUREL State MD Zip Code 20707-2913

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2016

Transaction ID : **SB21B.I91649**

Amount of Each Disbursement this Period: 94181.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 96352.70

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
ONLINE MERCHANDISE SALES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2016

Transaction ID : **SB21B.I91772**

Amount of Each Disbursement this Period

347.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. STEVE ARNOLD**

Mailing Address 1610 BRIDGES DRIVE

City HIGH POINT State NC Zip Code 27262-7619

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : **SB21B.I91687**

Amount of Each Disbursement this Period

302.01

Memo Item

Full Name (Last, First, Middle Initial)

**C. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : **SB21B.I91719**

Amount of Each Disbursement this Period

36.35

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

686.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702-4478

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

Transaction ID : **SB21B.I92698**

Amount of Each Disbursement this Period

36.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : **SB21B.I91720**

Amount of Each Disbursement this Period

20.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702-4478

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 23 / 2015

Transaction ID : **SB21B.I92699**

Amount of Each Disbursement this Period

15.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

20.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

**Transaction ID : SB21B.I91749**

Amount of Each Disbursement this Period

37.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. SARAH DE LA CERDA**

Mailing Address 3915 PALLAS WAY  
APT 2H

City State Zip Code  
HIGH POINT NC 27265-3635

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

**Transaction ID : SB21B.I91694**

Amount of Each Disbursement this Period

829.74

Memo Item

Full Name (Last, First, Middle Initial)

**C. EDDIE FACEY**

Mailing Address 7794 RIVER MIST COURT

City State Zip Code  
LAS VEGAS NV 89113

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

**Transaction ID : SB21B.I91685**

Amount of Each Disbursement this Period

795.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1662.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. JAYE FOSTER**

Mailing Address 32 EDWARDS STREET

City KEENE State NH Zip Code 03431

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : SB21B.I91735

Amount of Each Disbursement this Period

455.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVE GAFFNEY**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : SB21B.I91688

Amount of Each Disbursement this Period

2074.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHINA GARDEN RESTAURANT**

Mailing Address 1061 W 4TH ST

City WINNEMUCCA State NV Zip Code 89445

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

Transaction ID : SB21B.I92713

Amount of Each Disbursement this Period

40.25

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2529.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CIRCUS CIRCUS**

Mailing Address 500 N SIERRA ST

City RENO State NV Zip Code 89503

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SB21B.I92717

Amount of Each Disbursement this Period

96.67

Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354-1989

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 19 / 2015

Transaction ID : SB21B.I92710

Amount of Each Disbursement this Period

477.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. EL CHARRO**

Mailing Address 4389 S CARSON ST

City CARSON CITY State NV Zip Code 89701

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB21B.I92715

Amount of Each Disbursement this Period

46.14

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. JAILHOUSE MOTEL & CASINO**

Mailing Address 211 5TH ST

City ELY State NV Zip Code 89301

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 19 / 2015

Transaction ID : SB21B.I92711

Amount of Each Disbursement this Period

52.87

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FIRKIN & FOX**

Mailing Address 310 S CARSON ST #100

City CARSON CITY State NV Zip Code 89701

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 16 / 2015

Transaction ID : SB21B.I92712

Amount of Each Disbursement this Period

34.89

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FIRKIN & FOX**

Mailing Address 310 S CARSON ST #100

City CARSON CITY State NV Zip Code 89701

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB21B.I92714

Amount of Each Disbursement this Period

27.03

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. THRIFTY RENT-A-CAR**

Mailing Address PO BOX 35250

City TULSA State OK Zip Code 74153-0250

Purpose of Disbursement  
TRAVEL - CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2015

Transaction ID : SB21B.I92716

Amount of Each Disbursement this Period

378.01

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
ADVERTISEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : SB21B.I91683

Amount of Each Disbursement this Period

1675.03

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : SB21B.I91723

Amount of Each Disbursement this Period

750.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2425.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. PARKS AT NEXTON**

Full Name (Last, First, Middle Initial)  
Mailing Address 2000 FRONT STREET

City SUMMERVILLE State SC Zip Code 29483

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : **SB21B.I92679**

Amount of Each Disbursement this Period: 750.00

Memo Item

**B. CHRISTINA HORNE**

Full Name (Last, First, Middle Initial)  
Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : **SB21B.I91724**

Amount of Each Disbursement this Period: 750.00

Memo Item

**C. PARKS AT NEXTON**

Full Name (Last, First, Middle Initial)  
Mailing Address 2000 FRONT STREET

City SUMMERVILLE State SC Zip Code 29483

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 08 / 2015

Transaction ID : **SB21B.I92680**

Amount of Each Disbursement this Period: 750.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. DANIEL OLER**

Mailing Address 511 EAST FIRST STREET  
LOT 20

City HUXLEY State IA Zip Code 50124

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

**Transaction ID : SB21B.I91750**

Amount of Each Disbursement this Period

26.46

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. WILLIAM E. SARACINO**

Mailing Address 3625 ANGELUS AVE

City GLENDALE State CA Zip Code 91208-1224

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

**Transaction ID : SB21B.I91689**

Amount of Each Disbursement this Period

1514.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. HERTZ CAR RENTAL**

Mailing Address 225 BRAE BLVD

City PARK RIDGE State NJ Zip Code 07656-1870

Purpose of Disbursement  
TRAVEL - CAR RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2015

**Transaction ID : SB21B.I92736**

Amount of Each Disbursement this Period

347.98

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1540.94

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. THE UPS STORE**

Mailing Address 8805 CHAMBERY BLVD  
SUITE 300

City JOHNSTON State IA Zip Code 50131-8816

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2015			

Transaction ID : **SB21B.I92737**

Amount of Each Disbursement this Period

211.75
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. WESTIN HOTELS & RESORTS**

Mailing Address 425 SUMMER STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : **SB21B.I92738**

Amount of Each Disbursement this Period

806.80
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. JERRY SICKEL**

Mailing Address 195 KEY ROAD  
APT NO 16

City KEENE State NH Zip Code 03431

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			06			2016			

Transaction ID : **SB21B.I91744**

Amount of Each Disbursement this Period

139.74
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

139.74
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. JUSTIN MURFF**

Mailing Address 5613 SEDGEMOOR ROAD

City VIRGINIA BEACH State VA Zip Code 23455

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2016

Transaction ID : SB21B.I91729

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE INTERNATIONAL**

Mailing Address 205 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003-1164

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2016

Transaction ID : SB21B.I91792

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COOKE PICTURES**

Mailing Address 2316 W VICTORY BLVD

City BURBANK State CA Zip Code 91506

Purpose of Disbursement  
VIDEO ADVERTISEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2016

Transaction ID : SB21B.I91798

Amount of Each Disbursement this Period

5800.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8550.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. KACO**

Mailing Address 1610 BRIDGES DRIVE

City HIGH POINT State NC Zip Code 27262-7619

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2016

Transaction ID : **SB21B.I91795**

Amount of Each Disbursement this Period

690.02

Memo Item

Full Name (Last, First, Middle Initial)

**B. PINKSTON DIGITAL INC**

Mailing Address 5270 SHAWNEE ROAD SUITE 102  
SUITE 102

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
WEB DESIGN & DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2016

Transaction ID : **SB21B.I91802**

Amount of Each Disbursement this Period

12045.69

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE UPS STORE**

Mailing Address 8805 CHAMBERY BLVD  
SUITE 300

City JOHNSTON State IA Zip Code 50131-8816

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2016

Transaction ID : **SB21B.I91789**

Amount of Each Disbursement this Period

12040.34

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

24776.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I91701**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I91704**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I91708**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I91737**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I91740**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I91755**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ABIGAIL LEE**

Mailing Address 1715 CLINTON ST

City BOONE State IA Zip Code 50036-1649

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I91741**

Amount of Each Disbursement this Period

167.33

Memo Item

Full Name (Last, First, Middle Initial)

**B. JERRY SICKEL**

Mailing Address 195 KEY ROAD  
APT NO 16

City KEENE State NH Zip Code 03431

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I91736**

Amount of Each Disbursement this Period

238.06

Memo Item

Full Name (Last, First, Middle Initial)

**C. JERRY SICKEL**

Mailing Address 195 KEY ROAD  
APT NO 16

City KEENE State NH Zip Code 03431

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I91747**

Amount of Each Disbursement this Period

47.15

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

452.54

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. JOHN P. SOUSA IV</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 11 TALCOTT FOREST ROAD APT. C		Transaction ID : <b>SB21B.I91696</b>
City FARMINGTON State CT Zip Code 06032-3545	Amount of Each Disbursement this Period 701.21	
Purpose of Disbursement CONFERENCE, CONVENTION, MEETING	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 4333 AMOM CARTER BLVD		Transaction ID : <b>SB21B.I92745</b>
City FORT WORTH State TX Zip Code 76155-2605	Amount of Each Disbursement this Period 548.97	
Purpose of Disbursement TRAVEL - AIRFARE	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. BUDGET RENT-A-CAR</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 6 SYLVAN WAY		Transaction ID : <b>SB21B.I92746</b>
City PARSIPPANY State NJ Zip Code 07054-3826	Amount of Each Disbursement this Period 79.88	
Purpose of Disbursement TRAVEL - CAR RENTAL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	701.21
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. HYATT HOTELS**

Mailing Address 7901 TYSONS ONE PLACE

City TYSONS CORNER State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 09 / 2016

Transaction ID : **SB21B.I92747**

Amount of Each Disbursement this Period

72.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. JOHN P. SOUSA IV**

Mailing Address 11 TALCOTT FOREST ROAD  
APT. C

City FARMINGTON State CT Zip Code 06032-3545

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I91714**

Amount of Each Disbursement this Period

42.01

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 1200 12 AVENUE S  
SUITE 1200

City SEATTLE State WA Zip Code 98144-2734

Purpose of Disbursement  
ONLINE AUDIO BOOK SALES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I91771**

Amount of Each Disbursement this Period

39.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

82.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. SOUTH CAROLINA DEPT OF REVENUE**

Mailing Address 107 S MAIN STREET

City ANDERSON State SC Zip Code 29624

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2016

Transaction ID : **SB21B.I91786**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

Transaction ID : **SB21B.I91706**

Amount of Each Disbursement this Period

195.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

Transaction ID : **SB21B.I91745**

Amount of Each Disbursement this Period

73.03

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

318.53

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ABIGAIL LEE**

Mailing Address 1715 CLINTON ST

City BOONE State IA Zip Code 50036-1649

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

Transaction ID : **SB21B.I91703**

Amount of Each Disbursement this Period

229.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. ABIGAIL LEE**

Mailing Address 1715 CLINTON ST

City BOONE State IA Zip Code 50036-1649

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

Transaction ID : **SB21B.I91707**

Amount of Each Disbursement this Period

174.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHUCK MUTH**

Mailing Address 767 BENEDICT DRIVE

City LAS VEGAS State NV Zip Code 89110-4205

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

Transaction ID : **SB21B.I91697**

Amount of Each Disbursement this Period

528.58

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

932.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address 8008 HERB KELLEHER WAY

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : **SB21B.I92724**

Amount of Each Disbursement this Period

232.98

Memo Item

Full Name (Last, First, Middle Initial)

**B. VIRGIN AIRLINES**

Mailing Address 555 AIRPORT BLVD

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : **SB21B.I92725**

Amount of Each Disbursement this Period

295.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. DANIEL OLER**

Mailing Address 511 EAST FIRST STREET  
LOT 20

City HUXLEY State IA Zip Code 50124

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

Transaction ID : **SB21B.I91742**

Amount of Each Disbursement this Period

163.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

163.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. TARA J. NOLAN**

Mailing Address 4616 EAST JANICE WAY

City PHOENIX State AZ Zip Code 85032-4828

Purpose of Disbursement  
REIMBURSED EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : SB21B.I91721

Amount of Each Disbursement this Period

60.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MILLENNIAL SOLUTION**

Mailing Address 1200 NORTH QUEEN STREET  
SUITE 140

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
CONSULTING - MARKETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : SB21B.I91764

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. POLITICAL MARKETING INTERNATIONAL, INC.**

Mailing Address P.O. BOX 698

City MARIANNA State FL Zip Code 32447

Purpose of Disbursement  
CONSULTING - POLITICAL SURVEY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : SB21B.I91763

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4560.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. SAVANNA COMMUNICATIONS, LLC**

Mailing Address 755 SONNE DRIVE

City ANNAPOLIS State MD Zip Code 21041

Purpose of Disbursement  
VIDEO PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : **SB21B.I91800**

Amount of Each Disbursement this Period

24800.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WILLIAM J. OLSON, P.C.**

Mailing Address 370 MAPLE AVENUE W  
SUITE 4

City VIENNA State VA Zip Code 22180-5615

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : **SB21B.I91768**

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TIM COMERFORD**

Mailing Address 34 SOUTH ROAD

City FREMONT State NH Zip Code 03044

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : **SB21B.I91730**

Amount of Each Disbursement this Period

800.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

35600.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

### A. JAYE FOSTER

Mailing Address 32 EDWARDS STREET

City KEENE State NH Zip Code 03431

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : SB21B.I91733

Amount of Each Disbursement this Period

4	3	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### B. EMILY LECUYER

Mailing Address 81 WHEEL WRIGHT ROAD

City HAMPSTEAD State NH Zip Code 03841-5112

Purpose of Disbursement  
GRASSROOTS ORGANIZING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : SB21B.I91717

Amount of Each Disbursement this Period

4	3	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### C. MAX RUPPRECHT

Mailing Address 5069 RAINTREE DRIVE

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : SB21B.I91727

Amount of Each Disbursement this Period

1	0	8	.	1	9
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9	6	8	.	1	9
---	---	---	---	---	---

9	6	8	.	1	9
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. KEVIN SHANKLE**

Mailing Address 390 FREESTONE ROAD

City MOREHEAD State KY Zip Code 40351

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : SB21B.I91725

Amount of Each Disbursement this Period

312.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. JERRY SICKEL**

Mailing Address 195 KEY ROAD  
APT NO 16

City KEENE State NH Zip Code 03431

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : SB21B.I91732

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 1ST BANK CARD**

Mailing Address 112 W KING ST

City STRASBURG State VA Zip Code 22657

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : SB21B.I91767

Amount of Each Disbursement this Period

747.83

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1560.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ROSEN CENTRE HOTEL**

Mailing Address 9840 INTERNATIONAL DR

City ORANDO State FL Zip Code 32819

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2015

Transaction ID : SB21B.I92771

Amount of Each Disbursement this Period

489.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. ZENDESK, INC**

Mailing Address 1019 MARKET STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
COMPUTER SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2015

Transaction ID : SB21B.I92772

Amount of Each Disbursement this Period

203.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL SERVICE FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2016

Transaction ID : SB21B.I91773

Amount of Each Disbursement this Period

766.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

766.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : SB21B.I91777

Amount of Each Disbursement this Period

3920.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : SB21B.I91782

Amount of Each Disbursement this Period

74116.37

Memo Item

Full Name (Last, First, Middle Initial)

**C. TIM COMERFORD**

Mailing Address 34 SOUTH ROAD

City FREMONT State NH Zip Code 03044

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I91743

Amount of Each Disbursement this Period

157.04

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

78193.92

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. HALIE EDSON**

Mailing Address 116 W. MAMIE EISENHOWER ST

City BOONE State IA Zip Code 50036-4020

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : **SB21B.I91751**

Amount of Each Disbursement this Period

26.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. HALIE EDSON**

Mailing Address 116 W. MAMIE EISENHOWER ST

City BOONE State IA Zip Code 50036-4020

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : **SB21B.I91756**

Amount of Each Disbursement this Period

19.55

Memo Item

Full Name (Last, First, Middle Initial)

**C. DANIEL OLER**

Mailing Address 511 EAST FIRST STREET  
LOT 20

City HUXLEY State IA Zip Code 50124

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : **SB21B.I91748**

Amount of Each Disbursement this Period

38.53

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

84.53

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN P. SOUSA IV**

Full Name (Last, First, Middle Initial)

Mailing Address 11 TALCOTT FOREST ROAD  
APT. C

City FARMINGTON State CT Zip Code 06032-3545

Purpose of Disbursement CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : **SB21B.I91690**

Amount of Each Disbursement this Period: 1345.72

Memo Item

**B. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354-1989

Purpose of Disbursement TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 12 / 2016

Transaction ID : **SB21B.I92743**

Amount of Each Disbursement this Period: 735.20

Memo Item

**C. HYATT HOTELS**

Full Name (Last, First, Middle Initial)

Mailing Address 7901 TYSONS ONE PLACE

City TYSONS CORNER State VA Zip Code 22102

Purpose of Disbursement TRAVEL - LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : **SB21B.I92744**

Amount of Each Disbursement this Period: 527.57

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1345.72

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. DAVID STEVESON</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2016
Mailing Address P.O. BOX 1982 123 S LEE ST		<b>Transaction ID : SB21B.I91734</b>
City FT. GIBSON	State OK	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1272.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. RUTH THOMPSON</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2016
Mailing Address		<b>Transaction ID : SB21B.I91718</b>
City	State	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 65.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PRICE CHOPPER</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 5440 NW 86TH STREET		<b>Transaction ID : SB21B.I92703</b>
City JOHNSTON	State IA	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 65.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	1337.87
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
OTHER - PAYPAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I91655

Amount of Each Disbursement this Period

581.48

Memo Item

Full Name (Last, First, Middle Initial)

**B. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
DIRECT MAIL - FULFILLMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I91661

Amount of Each Disbursement this Period

3136.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151-1501

Purpose of Disbursement  
DIRECT MAIL - FULFILLMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I91666

Amount of Each Disbursement this Period

2289.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6006.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151-1501

Purpose of Disbursement  
BOOKKEEPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : **SB21B.I91667**

Amount of Each Disbursement this Period

6614.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. WESTLAND PRINTERS**

Mailing Address 14880 SWEITZER LANE

City LAUREL State MD Zip Code 20707-2913

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : **SB21B.I91668**

Amount of Each Disbursement this Period

94181.29

Memo Item

Full Name (Last, First, Middle Initial)

**C. ABIGAIL LEE**

Mailing Address 1715 CLINTON ST

City BOONE State IA Zip Code 50036-1649

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2016

Transaction ID : **SB21B.I91705**

Amount of Each Disbursement this Period

211.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

101007.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ABIGAIL LEE**

Mailing Address 1715 CLINTON ST

City BOONE State IA Zip Code 50036-1649

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.I91738**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. JOHN P. SOUSA IV**

Mailing Address 11 TALCOTT FOREST ROAD  
APT. C

City FARMINGTON State CT Zip Code 06032-3545

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.I91695**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMOM CARTER BLVD

City FORT WORTH State TX Zip Code 76155-2605

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.I92739**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. BUDGET RENT-A-CAR**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054-3826

Purpose of Disbursement  
TRAVEL - CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I92740

Amount of Each Disbursement this Period

49.54

Memo Item

Full Name (Last, First, Middle Initial)

**B. HYATT HOTELS**

Mailing Address 7901 TYSONS ONE PLACE

City TYSONS CORNER State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I92741

Amount of Each Disbursement this Period

169.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. HYATT HOTELS**

Mailing Address 7901 TYSONS ONE PLACE

City TYSONS CORNER State VA Zip Code 22102

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I92742

Amount of Each Disbursement this Period

40.94

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CONNECTICUT DEPARTMENT OF REVENUE**

Mailing Address 55 W MAIN ST  
#100

City WATERBURY State CT Zip Code 06702

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : SB21B.I91788

Amount of Each Disbursement this Period

6.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. COOKE PICTURES**

Mailing Address 2316 W VICTORY BLVD

City BURBANK State CA Zip Code 91506

Purpose of Disbursement  
VIDEO ADVERTISEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : SB21B.I91799

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DESERT FOX STRATEGIC COMMUNICATIONS**

Mailing Address 5841 EAST CHARLESTON BLVD  
SUITE 230-226

City LAS VEGAS State NV Zip Code 89142-1021

Purpose of Disbursement  
CONSULTING - PUBLIC RELATIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : SB21B.I91761

Amount of Each Disbursement this Period

6500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11506.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PINKSTON DIGITAL INC**

Mailing Address 5270 SHAWNEE ROAD SUITE 102  
SUITE 102

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
WEB DESIGN & DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : **SB21B.I91803**

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. POLITICAL MARKETING INTERNATIONAL, INC.**

Mailing Address P.O. BOX 698

City MARIANNA State FL Zip Code 32447

Purpose of Disbursement  
CONSULTING - POLITICAL SURVEY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : **SB21B.I91765**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SAVANNA COMMUNICATIONS, LLC**

Mailing Address 755 SONNE DRIVE

City ANNAPOLIS State MD Zip Code 21041

Purpose of Disbursement  
VIDEO PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : **SB21B.I91801**

Amount of Each Disbursement this Period

4750.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12250.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : **SB21B.I91778**

Amount of Each Disbursement this Period: 4900.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WILLIAM J. OLSON, P.C.**

Mailing Address 370 MAPLE AVENUE W SUITE 4

City VIENNA State VA Zip Code 22180-5615

Purpose of Disbursement LEGAL FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : **SB21B.I91769**

Amount of Each Disbursement this Period: 10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRANK & COMPANY, P.C.**

Mailing Address 1360 BEVERLY ROAD SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : **SB21B.I91757**

Amount of Each Disbursement this Period: 15335.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 30235.48

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

## A. IOWA DEPARTMENT OF REVENUE

Mailing Address 1305 E WALNUT ST  
SUITE 3000

City DES MOINES State IA Zip Code 50319

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : SB21B.I91784

Amount of Each Disbursement this Period

401.00

Memo Item

Full Name (Last, First, Middle Initial)

## B. NORTH CAROLINA DEPARTMENT OF REVENUE

Mailing Address 401 S GRIFFIN ST  
SUITE 300

City ELIZABETH CITY State NC Zip Code 27909

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : SB21B.I91783

Amount of Each Disbursement this Period

841.49

Memo Item

Full Name (Last, First, Middle Initial)

## C. WELLS FARGO BANK

Mailing Address 3171 PETERS CREEK PARKWAY

City WINSTON SALEM State NC Zip Code 27127-4713

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : SB21B.I91758

Amount of Each Disbursement this Period

15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1257.49



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. WEST VIRGINIA TREASURY**

Mailing Address 1900 KANAWHA BLVD  
E #145

City CHARLESTON State WV Zip Code 25305

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : SB21B.I91785

Amount of Each Disbursement this Period

76.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL SERVICE FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2016

Transaction ID : SB21B.I91775

Amount of Each Disbursement this Period

282.65

Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2016

Transaction ID : SB21B.I91806

Amount of Each Disbursement this Period

100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

459.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. VIRGINIA DEPARTMENT OF TAXATION**

Mailing Address 1957 WESTMORELAND STREET

City RICHMOND State VA Zip Code 23230-3225

Purpose of Disbursement SALES & USE TAX

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2016

Transaction ID : SB21B.I91787

Amount of Each Disbursement this Period

25.98

Memo Item

Full Name (Last, First, Middle Initial)

**B. GEORGE ANDERSON**

Mailing Address

City State Zip Code

Purpose of Disbursement CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

Transaction ID : SB21B.I91713

Amount of Each Disbursement this Period

68.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. SARAH DE LA CERDA**

Mailing Address 3915 PALLAS WAY  
APT 2H

City HIGH POINT State NC Zip Code 27265-3635

Purpose of Disbursement CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

Transaction ID : SB21B.I91698

Amount of Each Disbursement this Period

444.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

539.11

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMOM CARTER BLVD

City State Zip Code  
FORT WORTH TX 76155-2605

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2015

Transaction ID : **SB21B.I92708**

Amount of Each Disbursement this Period

263.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City State Zip Code  
ATLANTA GA 30354-1989

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2015

Transaction ID : **SB21B.I92709**

Amount of Each Disbursement this Period

181.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. ROSS ENDERSON**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2016

Transaction ID : **SB21B.I91715**

Amount of Each Disbursement this Period

36.23

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

36.23

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ROSS ENDERSON**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

**Transaction ID : SB21B.I91716**

Amount of Each Disbursement this Period

22.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. ROSS ENDERSON**

Mailing Address

City State Zip Code

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

**Transaction ID : SB21B.I91746**

Amount of Each Disbursement this Period

48.88

Memo Item

Full Name (Last, First, Middle Initial)

**C. JAYE FOSTER**

Mailing Address 32 EDWARDS STREET

City State Zip Code  
KEENE NH 03431

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

**Transaction ID : SB21B.I91739**

Amount of Each Disbursement this Period

207.58

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

278.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MS. MARILYN LOTT</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 163 JENNIFER DR.		<b>Transaction ID : SB21B.I91699</b>
City SCOTTSBORO	State AL	
Purpose of Disbursement CONFERENCE, CONVENTION, MEETING		Amount of Each Disbursement this Period 375.01
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 500 STAPLES DR.		<b>Transaction ID : SB21B.I92723</b>
City FRAMINGHAM	State MA	
Purpose of Disbursement BANNER		Amount of Each Disbursement this Period 67.57
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 5874 MERLE HAY RD		<b>Transaction ID : SB21B.I92722</b>
City JOHNSTON	State IA	
Purpose of Disbursement POSTAGE		Amount of Each Disbursement this Period 17.90
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	375.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. BRITTNEY S. MANN**

Mailing Address 1959 SENTRY POINTE LANE

City WINSTON SALEM State NC Zip Code 27127-5169

Purpose of Disbursement  
ADMIN ASSISTANT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

Transaction ID : **SB21B.I91682**

Amount of Each Disbursement this Period

116.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. LYLE THOMAS**

Mailing Address 1919 WINDOM PL

City LOVELAND State CO Zip Code 80538-7034

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

Transaction ID : **SB21B.I91693**

Amount of Each Disbursement this Period

877.67

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRONTIER AIRLINES**

Mailing Address 7001 TOWER ROAD

City DENVER State CO Zip Code 80249

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2015

Transaction ID : **SB21B.I92763**

Amount of Each Disbursement this Period

450.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

993.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PLAZA PRINTERS**

Mailing Address 6762 DOUGLAS AVENUE

City URBANDALE State IA Zip Code 50322-3316

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

Transaction ID : SB21B.I91779

Amount of Each Disbursement this Period

3760.53

Memo Item

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 3171 PETERS CREEK PARKWAY

City WINSTON SALEM State NC Zip Code 27127-4713

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

Transaction ID : SB21B.I91759

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DANIEL OLER**

Mailing Address 511 EAST FIRST STREET  
LOT 20

City HUXLEY State IA Zip Code 50124

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2016

Transaction ID : SB21B.I91753

Amount of Each Disbursement this Period

21.85

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3797.38

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. COMCAST BUSINESS**

Mailing Address 1500 MARKET STREET

City PHILADELPHIA State PA Zip Code 19102-2100

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2016

Transaction ID : SB21B.I91794

Amount of Each Disbursement this Period

749.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. JULIA F DIBERNARDO**

Mailing Address 52925 AVENIDA VELASCO

City LA QUINTA State CA Zip Code 92253

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : SB21B.I91731

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : SB21B.I91684

Amount of Each Disbursement this Period

1948.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3447.75



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : **SB21B.I91686**

Amount of Each Disbursement this Period

454.97

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : **SB21B.I91691**

Amount of Each Disbursement this Period

1308.85

Memo Item

Full Name (Last, First, Middle Initial)

**C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DRIVE  
SUITE 1100

City MCLEAN State VA Zip Code 22102-3313

Purpose of Disbursement  
ROOM RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

Transaction ID : **SB21B.I92720**

Amount of Each Disbursement this Period

312.10

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1763.82

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DRIVE  
SUITE 1100

City MCLEAN State VA Zip Code 22102-3313

Purpose of Disbursement  
ROOM RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2016

Transaction ID : SB21B.I92721

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2016

Transaction ID : SB21B.I91692

Amount of Each Disbursement this Period

952.19

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOEL LAMBERT**

Mailing Address 48 CHAMBERLAIN ROAD

City ALTON State NH Zip Code 03809

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2016

Transaction ID : SB21B.I91710

Amount of Each Disbursement this Period

93.73

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1045.92

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.I91692

This disbursement contains no items over the ultimate vendor memo reporting threshold.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ABIGAIL LEE**

Mailing Address 1715 CLINTON ST

City BOONE State IA Zip Code 50036-1649

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

Transaction ID : **SB21B.I91700**

Amount of Each Disbursement this Period

323.73

Memo Item

Full Name (Last, First, Middle Initial)

**B. ABIGAIL LEE**

Mailing Address 1715 CLINTON ST

City BOONE State IA Zip Code 50036-1649

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

Transaction ID : **SB21B.I91709**

Amount of Each Disbursement this Period

113.28

Memo Item

Full Name (Last, First, Middle Initial)

**C. DANIEL OLER**

Mailing Address 511 EAST FIRST STREET  
LOT 20

City HUXLEY State IA Zip Code 50124

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

Transaction ID : **SB21B.I91752**

Amount of Each Disbursement this Period

24.15

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

461.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. DANIEL OLER**

Mailing Address 511 EAST FIRST STREET  
LOT 20

City HUXLEY State IA Zip Code 50124

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

**Transaction ID : SB21B.I91754**

Amount of Each Disbursement this Period

21.28

Memo Item

Full Name (Last, First, Middle Initial)

**B. RUTH THOMPSON**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

**Transaction ID : SB21B.I91702**

Amount of Each Disbursement this Period

230.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RUTH THOMPSON**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

**Transaction ID : SB21B.I91711**

Amount of Each Disbursement this Period

91.44

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

342.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. RUTH THOMPSON**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

**Transaction ID : SB21B.I91712**

Amount of Each Disbursement this Period

73.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. COOKE PICTURES**

Mailing Address 2316 W VICTORY BLVD

City State Zip Code  
BURBANK CA 91506

Purpose of Disbursement  
VIDEO ADVERTISEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

**Transaction ID : SB21B.I91797**

Amount of Each Disbursement this Period

32478.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KACO**

Mailing Address 1610 BRIDGES DRIVE

City State Zip Code  
HIGH POINT NC 27262-7619

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

**Transaction ID : SB21B.I91793**

Amount of Each Disbursement this Period

834.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

33385.91

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. MIDAMERICAN ENERGY COMPANY**

Mailing Address PO BOX 8020

City DAVENPORT State IA Zip Code 52808-8020

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : SB21B.I91796

Amount of Each Disbursement this Period

158.64

Memo Item

Full Name (Last, First, Middle Initial)

**B. POLITICAL MARKETING INTERNATIONAL, INC.**

Mailing Address P.O. BOX 698

City MARIANNA State FL Zip Code 32447

Purpose of Disbursement  
CONSULTING - POLITICAL SURVEY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : SB21B.I91762

Amount of Each Disbursement this Period

4500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED STRATEGIES, LLC**

Mailing Address PO BOX 548

City BASSETT State VA Zip Code 24055-0548

Purpose of Disbursement  
CONSULTING FEE: SURVEY-FOCUS GROUP

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : SB21B.I91766

Amount of Each Disbursement this Period

15743.09

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

20401.73

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : **SB21B.I91807**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WILLIAM J. OLSON, P.C.**

Mailing Address 370 MAPLE AVENUE W  
SUITE 4

City VIENNA State VA Zip Code 22180-5615

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : **SB21B.I91770**

Amount of Each Disbursement this Period

2756.47

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAX RUPPRECHT**

Mailing Address 5069 RAINTREE DRIVE

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : **SB21B.I91728**

Amount of Each Disbursement this Period

88.43

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3044.90



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. KEVIN SHANKLE**

Mailing Address 390 FREESTONE ROAD

City MOREHEAD State KY Zip Code 40351

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : SB21B.I91726

Amount of Each Disbursement this Period

312.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : SB21B.I91776

Amount of Each Disbursement this Period

4977.61

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : SB21B.I91781

Amount of Each Disbursement this Period

75075.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

80365.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO BANK**

Mailing Address 3171 PETERS CREEK PARKWAY

City WINSTON SALEM State NC Zip Code 27127-4713

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

Transaction ID : **SB21B.I91804**

Amount of Each Disbursement this Period

11188.02

Memo Item

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 3171 PETERS CREEK PARKWAY

City WINSTON SALEM State NC Zip Code 27127-4713

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

Transaction ID : **SB21B.I91805**

Amount of Each Disbursement this Period

420.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
AGENCY FEES - CONSULTING - DIRECT MAIL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I91809**

Amount of Each Disbursement this Period

49339.59

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

60947.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CP DIRECT**

Mailing Address 4600A BONSTON WAY  
4600A BOSTON WAY

City LANHAM State MD Zip Code 20706-4858

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I91810**

Amount of Each Disbursement this Period

16338.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. D&D UNLIMITED, INC.**

Mailing Address 524 MID FLORIDA DR.  
SUITE 202

City ORLANDO State FL Zip Code 32824-7057

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I91811**

Amount of Each Disbursement this Period

6870.91

Memo Item

Full Name (Last, First, Middle Initial)

**C. D&D UNLIMITED, INC.**

Mailing Address 524 MID FLORIDA DR.  
SUITE 202

City ORLANDO State FL Zip Code 32824-7057

Purpose of Disbursement  
FULFILLMENT ITEMS - MAGNETS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I91812**

Amount of Each Disbursement this Period

1395.81

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

24604.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
DIRECT MAIL - LIST MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.I91813

Amount of Each Disbursement this Period

2393.07

Memo Item

Full Name (Last, First, Middle Initial)

**B. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.I91814

Amount of Each Disbursement this Period

296.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
OTHER - DATA CENTER INVOICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.I91815

Amount of Each Disbursement this Period

632.57

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3322.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. FEDERAL EXPRESS**

Mailing Address 3875 AIRWAYS BLVD  
P.O. BOX 371462

City MEMPHIS State TN Zip Code 38116-5070

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I91808**

Amount of Each Disbursement this Period

40685.19

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTERNATIONAL DATA MANAGEMENT**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I91816**

Amount of Each Disbursement this Period

1921.08

Memo Item

Full Name (Last, First, Middle Initial)

**C. MDI IMAGING & MAIL**

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166-9211

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I91817**

Amount of Each Disbursement this Period

62.45

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

42668.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. OMEGA LIST COMPANY**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
LIST RENTAL EXPENSES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SB21B.I91818**

Amount of Each Disbursement this Period

33524.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SB21B.I91819**

Amount of Each Disbursement this Period

49710.03

Memo Item

Full Name (Last, First, Middle Initial)

**C. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SB21B.I91820**

Amount of Each Disbursement this Period

20166.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

103400.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
POSTAGE - MS. INV ADJUSTMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I91821**

Amount of Each Disbursement this Period

279.57

Memo Item

Full Name (Last, First, Middle Initial)

**B. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK DR.

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement  
OTHER - STORAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I91822**

Amount of Each Disbursement this Period

285.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHEASTERN FREIGHT LINES**

Mailing Address P.O. BOX 100104

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement  
OTHER - BOXED LUGGAGE TAGS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I91823**

Amount of Each Disbursement this Period

1090.91

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1655.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST PUBLISHING & MAILING**

Mailing Address 4000 SE ADAMS STREET  
4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.I91824

Amount of Each Disbursement this Period

9488.55

Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST PUBLISHING & MAILING**

Mailing Address 4000 SE ADAMS STREET  
4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.I91825

Amount of Each Disbursement this Period

12513.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. SPS2 REALTY HOLDINGS LLC**

Mailing Address 815 ELM STREET  
#3C

City MANCHESTER State NH Zip Code 03101-2129

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.I91948

Amount of Each Disbursement this Period

1575.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

23576.90



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. TRI STATE ENVELOPE CORP</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 6900 FAIGLE ROAD		<b>Transaction ID : SB21B.I91826</b>
City BELTSVILLE	State MD	
Purpose of Disbursement PRINTING		Amount of Each Disbursement this Period 13150.06
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ZIP MAILING SERVICES, INC.</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 6304 SHERIFF RD. STE Z STE Z		<b>Transaction ID : SB21B.I91827</b>
City LANDOVER	State MD	
Purpose of Disbursement DIRECT MAIL - PRINTING		Amount of Each Disbursement this Period 15791.61
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CHRISTINA HORNE</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 305 OKLAHOMA PLACE		<b>Transaction ID : SB21B.I91885</b>
City LADSON	State SC	
Purpose of Disbursement MEALS & ENTERTAINMENT		Amount of Each Disbursement this Period 57.42
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

28999.09

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. MELLOW MUSHROOM**

Mailing Address 1306 N MAIN STREET

City SUMMERVILLE State SC Zip Code 29483

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2016

Transaction ID : SB21B.I92677

Amount of Each Disbursement this Period

57.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
MEALS & ENTERTAINMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SB21B.I91893

Amount of Each Disbursement this Period

105.41

Memo Item

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 1001 73RD STREET

City DES MOINES State IA Zip Code 50324

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2015

Transaction ID : SB21B.I92676

Amount of Each Disbursement this Period

74.36

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

105.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. MS. LILY SHOOP**

Mailing Address 3715 ELECTRA DR.

City State Zip Code  
SAN ANTONIO TX 78218

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : **SB21B.I91889**

Amount of Each Disbursement this Period

92.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. JOHN P. SOUSA IV**

Mailing Address 11 TALCOTT FOREST ROAD  
APT. C

City State Zip Code  
FARMINGTON CT 06032-3545

Purpose of Disbursement  
PRINTING AND COPYING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : **SB21B.I91909**

Amount of Each Disbursement this Period

264.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. SENDOUTCARDS**

Mailing Address 1825 RESEARCH WAY

City State Zip Code  
SALT LAKE CITY UT 84119

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2016

Transaction ID : **SB21B.I92705**

Amount of Each Disbursement this Period

264.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

356.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
ONLINE MERCHANDISE SALES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : **SB21B.I91947**

Amount of Each Disbursement this Period

1401.97

Memo Item

Full Name (Last, First, Middle Initial)

**B. JODI BRAUN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91877**

Amount of Each Disbursement this Period

24.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOSEPH CORBIN**

Mailing Address

City State Zip Code

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I92777**

Amount of Each Disbursement this Period

187.25

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1613.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. JODI SOUSA**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : SB21B.I91886**

Amount of Each Disbursement this Period

57.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. 1ST BANK CARD**

Mailing Address 112 W KING ST

City State Zip Code  
STRASBURG VA 22657

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : SB21B.I91955**

Amount of Each Disbursement this Period

2055.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES CENTER**

Mailing Address 2500 VICTORY AVE

City State Zip Code  
DALLAS TX 75219

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

**Transaction ID : SB21B.I92776**

Amount of Each Disbursement this Period

440.10

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2113.13

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CENTURY LINK TELEPHONE**

Mailing Address PO BOX 91154

City SEATTLE State WA Zip Code 98111-9254

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2016

Transaction ID : **SB21B.I92774**

Amount of Each Disbursement this Period: 297.53

Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTH FLORIDA FAIR**

Mailing Address 9067 SOUTHERN BLVD

City WEST PALM BEACH State FL Zip Code 33411

Purpose of Disbursement CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 29 / 2015

Transaction ID : **SB21B.I92775**

Amount of Each Disbursement this Period: 1030.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ZENDESK, INC**

Mailing Address 1019 MARKET STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement COMPUTER SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 02 / 2016

Transaction ID : **SB21B.I92773**

Amount of Each Disbursement this Period: 203.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CENTURY LINK TELEPHONE**

Mailing Address PO BOX 91154

City SEATTLE State WA Zip Code 98111-9254

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91899**

Amount of Each Disbursement this Period

155.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD #400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91899**

Amount of Each Disbursement this Period

2723.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD #400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91963**

Amount of Each Disbursement this Period

4315.63

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7194.39

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. COMCAST BUSINESS**

Mailing Address 1500 MARKET STREET

City PHILADELPHIA State PA Zip Code 19102-2100

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91920**

Amount of Each Disbursement this Period

362.98

Memo Item

Full Name (Last, First, Middle Initial)

**B. CONCUR TECHNOLOGIES**

Mailing Address 601 108TH AVENUE NE  
SUITE 1000

City BELLEVUE State WA Zip Code 98004-4750

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91925**

Amount of Each Disbursement this Period

567.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIRECT ANSWER**

Mailing Address 414 SMOKEY HOLLOW ROAD

City CAPON BRIDGE State WV Zip Code 26711-2401

Purpose of Disbursement  
POSTAGE - ESCROW DEPOSIT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91964**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5930.97



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. DIRECT ANSWER**

Mailing Address 414 SMOKEY HOLLOW ROAD

City State Zip Code  
CAPON BRIDGE WV 26711-2401

Purpose of Disbursement  
FULFILLMENT ITEMS - BAGS & WRISTBANDS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91980**

Amount of Each Disbursement this Period

25716.64

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECTV**

Mailing Address PO BOX 60036

City State Zip Code  
LOS ANGELES CA 90060-0036

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91896**

Amount of Each Disbursement this Period

116.81

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOOKSETT SELF STORAGE**

Mailing Address 101 W RIVER RD

City State Zip Code  
HOOKSETT NH 03106-2626

Purpose of Disbursement  
STORAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91872**

Amount of Each Disbursement this Period

10.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25843.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PINKSTON DIGITAL INC**

Mailing Address 5270 SHAWNEE ROAD SUITE 102  
SUITE 102

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
WEB DESIGN & DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : SB21B.I91975

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. POLITICAL MARKETING INTERNATIONAL, INC.**

Mailing Address P.O. BOX 698

City MARIANNA State FL Zip Code 32447

Purpose of Disbursement  
CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : SB21B.I91957

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SNDC, LLC**

Mailing Address 1610 BRIDGES DRIVE

City HIGH POINT State NC Zip Code 27262-7619

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : SB21B.I91929

Amount of Each Disbursement this Period

800.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

13300.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. STORAGE MART**

Mailing Address 1850 SE MIEHE DRIVE

City GRIMES State IA Zip Code 50111

Purpose of Disbursement  
STORAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91904**

Amount of Each Disbursement this Period

224.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE PINKSTONE GROUP**

Mailing Address PO BOX 373

City FAIRFAX STATION State VA Zip Code 22039-0373

Purpose of Disbursement  
PUBLIC RELATIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91976**

Amount of Each Disbursement this Period

11500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : **SB21B.I91866**

Amount of Each Disbursement this Period

200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11924.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL SERVICE FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 05 / 2016

Transaction ID : SB21B.I91911

Amount of Each Disbursement this Period

282.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 1200 12 AVENUE S  
SUITE 1200

City SEATTLE State WA Zip Code 98144-2734

Purpose of Disbursement  
ONLINE AUDIO BOOK SALES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SB21B.I91882

Amount of Each Disbursement this Period

39.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. GREEN SLATE I, INC.**

Mailing Address 6522 S. ELLIS

City CHICAGO State IL Zip Code 60637

Purpose of Disbursement  
CANVASSING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SB21B.I91952

Amount of Each Disbursement this Period

2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2322.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. NEWELL**

Mailing Address

City State Zip Code

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : SB21B.I91870**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. STEVE ARNOLD**

Mailing Address 1610 BRIDGES DRIVE

City State Zip Code  
HIGH POINT NC 27262-7619

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2016

**Transaction ID : SB21B.I91921**

Amount of Each Disbursement this Period

365.39

Memo Item

Full Name (Last, First, Middle Initial)

**C. STEVE ARNOLD**

Mailing Address 1610 BRIDGES DRIVE

City State Zip Code  
HIGH POINT NC 27262-7619

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2016

**Transaction ID : SB21B.I91928**

Amount of Each Disbursement this Period

709.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1274.99

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MATTHEW P. MILLER</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 4265 WILLIAMSBURG DRIVE		<b>Transaction ID : SB21B.I91883</b>
City COLUMBIA	State SC	
Purpose of Disbursement CONFERENCE, CONVENTION, MEETING		Amount of Each Disbursement this Period 46.58
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MATTHEW P. MILLER</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 4265 WILLIAMSBURG DRIVE		<b>Transaction ID : SB21B.I91894</b>
City COLUMBIA	State SC	
Purpose of Disbursement CONFERENCE, CONVENTION, MEETING		Amount of Each Disbursement this Period 109.83
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MATTHEW P. MILLER</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 4265 WILLIAMSBURG DRIVE		<b>Transaction ID : SB21B.I91903</b>
City COLUMBIA	State SC	
Purpose of Disbursement CONFERENCE, CONVENTION, MEETING		Amount of Each Disbursement this Period 218.51
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	374.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. RUTH THOMPSON**

Date of Disbursement: MM / DD / YYYY  
02 / 09 / 2016

Mailing Address

City State Zip Code

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B.I91875**

Amount of Each Disbursement this Period: 19.03

Memo Item

Full Name (Last, First, Middle Initial)  
**B. PRICE CHOPPER**

Date of Disbursement: MM / DD / YYYY  
02 / 06 / 2016

Mailing Address 5440 NW 86TH STREET

City JOHNSTON State IA Zip Code 50131

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B.I92702**

Amount of Each Disbursement this Period: 19.03

Memo Item

Full Name (Last, First, Middle Initial)  
**C. USPS**

Date of Disbursement: MM / DD / YYYY  
02 / 09 / 2016

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement: POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : **SB21B.I91828**

Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2519.03

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. NEWELL**

Mailing Address

City State Zip Code

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

**Transaction ID : SB21B.I91871**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DAN BURDISH**

Mailing Address 5825 PALM STREET

City State Zip Code  
LAS VEGAS NV 89120

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

**Transaction ID : SB21B.I91923**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MR. BARRY CARSON**

Mailing Address P.O. BOX 833

City State Zip Code  
JUPITER FL 33468

Purpose of Disbursement  
REIMBURSED EXPENSES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

**Transaction ID : SB21B.I91950**

Amount of Each Disbursement this Period

1616.39

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2316.39



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. SHANNON FARR**

Mailing Address 427 REO SECO STREET

City SAN ANTONIO State TX Zip Code 78232

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : **SB21B.I91933**

Amount of Each Disbursement this Period

941.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. MATTHEW P. MILLER**

Mailing Address 4265 WILLIAMSBURG DRIVE

City COLUMBIA State SC Zip Code 29203-5437

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : **SB21B.I91888**

Amount of Each Disbursement this Period

86.83

Memo Item

Full Name (Last, First, Middle Initial)

**C. MATTHEW P. MILLER**

Mailing Address 4265 WILLIAMSBURG DRIVE

City COLUMBIA State SC Zip Code 29203-5437

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : **SB21B.I91898**

Amount of Each Disbursement this Period

154.38

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1182.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MATTHEW P. MILLER</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 4265 WILLIAMSBURG DRIVE		<b>Transaction ID : SB21B.I91905</b>
City COLUMBIA State SC Zip Code 29203-5437	Amount of Each Disbursement this Period 237.57	
Purpose of Disbursement TRAVEL	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	Category/Type

Full Name (Last, First, Middle Initial) <b>B. JUSTIN MURFF</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 5613 SEDGEMOOR ROAD		<b>Transaction ID : SB21B.I91953</b>
City VIRGINIA BEACH State VA Zip Code 23455	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement SALARY	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	Category/Type

Full Name (Last, First, Middle Initial) <b>C. ANNIE OTTO</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 2431 NW 41ST STREET #1308		<b>Transaction ID : SB21B.I91887</b>
City GAINESVILLE State FL Zip Code 32606	Amount of Each Disbursement this Period 60.26	
Purpose of Disbursement REIMBURSED EXPENSES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2297.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. GINNY SAND</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 22720 CAVALIER STREET		<b>Transaction ID : SB21B.I91943</b>
City WOODLAND HILLS	State CA	
Purpose of Disbursement CONFERENCE, CONVENTION, MEETING		Amount of Each Disbursement this Period 1119.08
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMAZON.COM</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2016
Mailing Address 1200 12 AVENUE S SUITE 1200		<b>Transaction ID : SB21B.I92727</b>
City SEATTLE	State WA	
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 129.73
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ANAHEIM MAJESTIC GARDEN HOTEL</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 900 DISNEYLAND DR		<b>Transaction ID : SB21B.I92732</b>
City ANAHEIM	State CA	
Purpose of Disbursement TRAVEL - LODGING		Amount of Each Disbursement this Period 309.28
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1119.08

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. ANAHEIM MAJESTIC GARDEN HOTEL</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2015
Mailing Address 900 DISNEYLAND DR		<b>Transaction ID : SB21B.I92733</b>
City ANAHEIM State CA Zip Code 92802	Amount of Each Disbursement this Period 28.00	
Purpose of Disbursement PARKING FEES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL'S</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2015
Mailing Address 6625 FALLBROOK AVE		<b>Transaction ID : SB21B.I92729</b>
City WEST HILLS State CA Zip Code 91307	Amount of Each Disbursement this Period 21.00	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. PARTY CITY</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2015
Mailing Address 14735-A VENTURA BLVD		<b>Transaction ID : SB21B.I92728</b>
City SHERMAN OAKS State CA Zip Code 91403	Amount of Each Disbursement this Period 68.08	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. THE UPS STORE**

Mailing Address 8805 CHAMBERY BLVD  
SUITE 300

City JOHNSTON State IA Zip Code 50131-8816

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

Transaction ID : **SB21B.I92731**

Amount of Each Disbursement this Period

27.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2016

Transaction ID : **SB21B.I92730**

Amount of Each Disbursement this Period

282.82

Memo Item

Full Name (Last, First, Middle Initial)

**C. STEVE SCHYCK**

Mailing Address 102 HONEYSUCKLE LANE

City HARTWELL State GA Zip Code 30643

Purpose of Disbursement  
REIMBURSED EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : **SB21B.I91919**

Amount of Each Disbursement this Period

358.64

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

358.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. DIRECT ANSWER**

Mailing Address 414 SMOKEY HOLLOW ROAD

City State Zip Code  
CAPON BRIDGE WV 26711-2401

Purpose of Disbursement  
POSTAGE - ESCROW DEPOSIT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.I91967

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECT ANSWER**

Mailing Address 414 SMOKEY HOLLOW ROAD

City State Zip Code  
CAPON BRIDGE WV 26711-2401

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.I91977

Amount of Each Disbursement this Period

13334.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. FLUET HUBER & HOANG PLLC**

Mailing Address 13580 GROUPE DR

City State Zip Code  
WOODBIDGE VA 22192

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.I91966

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

23334.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. MIDAMERICAN ENERGY COMPANY**

Mailing Address PO BOX 8020

City DAVENPORT State IA Zip Code 52808-8020

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : **SB21B.I91906**

Amount of Each Disbursement this Period: 240.27

Memo Item

Full Name (Last, First, Middle Initial)  
**B. MILLENNIAL SOLUTION**

Mailing Address 1200 NORTH QUEEN STREET SUITE 140

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement CONSULTING - MARKETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : **SB21B.I91954**

Amount of Each Disbursement this Period: 2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. NH YOUNG REPUBLICAN LOBSTER BAKE**

Mailing Address 30 HARVEY ROAD

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : **SB21B.I91936**

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3240.27

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PINKSTON DIGITAL INC**

Mailing Address 5270 SHAWNEE ROAD SUITE 102  
SUITE 102

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
WEB DESIGN & DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.I91970

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. POLITICAL MARKETING INTERNATIONAL, INC.**

Mailing Address P.O. BOX 698

City MARIANNA State FL Zip Code 32447

Purpose of Disbursement  
CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.I91965

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE UPS STORE**

Mailing Address 8805 CHAMBERY BLVD  
SUITE 300

City JOHNSTON State IA Zip Code 50131-8816

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.I91971

Amount of Each Disbursement this Period

6348.98

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

17348.98

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL SERVICE FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

Transaction ID : **SB21B.I91908**

Amount of Each Disbursement this Period

251.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL SERVICE FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

Transaction ID : **SB21B.I91922**

Amount of Each Disbursement this Period

430.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

Transaction ID : **SB21B.I91962**

Amount of Each Disbursement this Period

4161.69

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4843.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I91982**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. MEMBERPLANET TEE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CLOTHING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I91938**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I91829**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

Transaction ID : **SB21B.I91867**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. EDDIE FACEY**

Mailing Address 7794 RIVER MIST COURT

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2016

Transaction ID : **SB21B.I91942**

Amount of Each Disbursement this Period

1094.94

Memo Item

Full Name (Last, First, Middle Initial)

**C. SHANNON FARR**

Mailing Address 427 REO SECO STREET

City SAN ANTONIO State TX Zip Code 78232

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2016

Transaction ID : **SB21B.I91944**

Amount of Each Disbursement this Period

1288.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2583.69

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. KEVIN SHANKLE**

Mailing Address 390 FREESTONE ROAD

City MOREHEAD State KY Zip Code 40351

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2016

Transaction ID : SB21B.I91915

Amount of Each Disbursement this Period

312.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. JOHN P. SOUSA IV**

Mailing Address 11 TALCOTT FOREST ROAD  
APT. C

City FARMINGTON State CT Zip Code 06032-3545

Purpose of Disbursement  
PRINTING AND COPYING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2016

Transaction ID : SB21B.I91910

Amount of Each Disbursement this Period

264.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. SENDOUTCARDS**

Mailing Address 1825 RESEARCH WAY

City SALT LAKE CITY State UT Zip Code 84119

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.I92704

Amount of Each Disbursement this Period

264.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

576.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. JOHN P. SOUSA IV**

Full Name (Last, First, Middle Initial)

Mailing Address 11 TALCOTT FOREST ROAD  
APT. C

City FARMINGTON State CT Zip Code 06032-3545

Purpose of Disbursement CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
02 / 15 / 2016

Transaction ID : **SB21B.I91956**

Amount of Each Disbursement this Period  
2294.29

Memo Item

**B. BUDGET RENT-A-CAR**

Full Name (Last, First, Middle Initial)

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054-3826

Purpose of Disbursement TRAVEL - CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
02 / 13 / 2016

Transaction ID : **SB21B.I92759**

Amount of Each Disbursement this Period  
141.72

Memo Item

**C. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354-1989

Purpose of Disbursement TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
02 / 03 / 2016

Transaction ID : **SB21B.I92757**

Amount of Each Disbursement this Period  
909.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2294.29

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354-1989

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2016

Transaction ID : **SB21B.I92758**

Amount of Each Disbursement this Period

909.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. HYATT HOTELS**

Mailing Address 7901 TYSONS ONE PLACE

City TYSONS CORNER State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2016

Transaction ID : **SB21B.I92760**

Amount of Each Disbursement this Period

233.54

Memo Item

Full Name (Last, First, Middle Initial)

**C. KARA STEVENS**

Mailing Address 1603 CARROLL ST

City BOONE State IA Zip Code 50036-1450

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2016

Transaction ID : **SB21B.I91918**

Amount of Each Disbursement this Period

333.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

333.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB21B.I91878**

Amount of Each Disbursement this Period

28.18

Memo Item

Full Name (Last, First, Middle Initial)

**B. MS. LAURIE LOGUE**

Mailing Address 12 BAXTER COURT

City GILFORD State NH Zip Code 03249

Purpose of Disbursement  
REIMBURSED EXPENSES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB21B.I91926**

Amount of Each Disbursement this Period

579.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. RUTH THOMPSON**

Mailing Address

City State Zip Code

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB21B.I91880**

Amount of Each Disbursement this Period

34.92

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

643.09

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. SAM'S CLUB**

Mailing Address 1101 73RD ST

City DES MOINES State IA Zip Code 50311

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I92701**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. CONNECTICUT DEPARTMENT OF REVENUE**

Mailing Address 55 W MAIN ST  
#100

City WATERBURY State CT Zip Code 06702

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I91873**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDERAL EXPRESS**

Mailing Address 3875 AIRWAYS BLVD  
P.O. BOX 371462

City MEMPHIS State TN Zip Code 38116-5070

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I91830**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. FEDERAL EXPRESS**

Mailing Address 3875 AIRWAYS BLVD  
P.O. BOX 371462

City MEMPHIS State TN Zip Code 38116-5070

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : SB21B.I91831

Amount of Each Disbursement this Period

16160.67

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOOKSETT SELF STORAGE**

Mailing Address 101 W RIVER RD

City HOOKSETT State NH Zip Code 03106-2626

Purpose of Disbursement  
STORAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : SB21B.I91927

Amount of Each Disbursement this Period

610.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. INTERNATIONAL DATA MANAGEMENT**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : SB21B.I91832

Amount of Each Disbursement this Period

1611.61

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

18382.28

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PREMIER FULFILLMENT & PROCESSING, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		16		2016

Mailing Address 4841 DILLON DR.  
4841 DILLON DR.

**Transaction ID : SB21B.I91833**

City PUEBLO State CO Zip Code 81008

Amount of Each Disbursement this Period

7350.00
---------

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Category/ Type
-------------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. RST MARKETING**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		16		2016

Mailing Address 1272 CORPORATE PARK ROAD

**Transaction ID : SB21B.I91834**

City FOREST State VA Zip Code 24551-2277

Amount of Each Disbursement this Period

29400.00
----------

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Category/ Type
-------------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. STORAGE MART**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		16		2016

Mailing Address 1850 SE MIEHE DRIVE

**Transaction ID : SB21B.I91913**

City GRIMES State IA Zip Code 50111

Amount of Each Disbursement this Period

289.68
--------

Purpose of Disbursement  
STORAGE

Category/ Type
-------------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

37039.68
----------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. VALTIM**

Mailing Address POST OFFICE BOX 809 1095 VENTUR  
POST OFFICE BOX 809 1095 VENTUR

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB21B.I91835**

Amount of Each Disbursement this Period

6200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WILLIAM J. OLSON, P.C.**

Mailing Address 370 MAPLE AVENUE W  
SUITE 4

City VIENNA State VA Zip Code 22180-5615

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB21B.I91969**

Amount of Each Disbursement this Period

5752.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. VIRGINIA DEPARTMENT OF TAXATION**

Mailing Address 1957 WESTMORELAND STREET

City RICHMOND State VA Zip Code 23230-3225

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB21B.I91884**

Amount of Each Disbursement this Period

57.11

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12009.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151-1501

Purpose of Disbursement  
DIRECT MAIL - FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

Transaction ID : **SB21B.I91838**

Amount of Each Disbursement this Period

2438.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151-1501

Purpose of Disbursement  
BOOKKEEPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

Transaction ID : **SB21B.I91839**

Amount of Each Disbursement this Period

6903.01

Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2016

Transaction ID : **SB21B.I91836**

Amount of Each Disbursement this Period

2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11341.69

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. REV TOM OTTO**

Mailing Address 2431 NW 41ST ST APT 1308  
2431 NW 41ST #1308

City GAINESVILLE State FL Zip Code 32606

Purpose of Disbursement  
DONOR REFUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

Transaction ID : SB21B.I91837

Amount of Each Disbursement this Period

12.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

Transaction ID : SB21B.I91868

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SARAH DE LA CERDA**

Mailing Address 3915 PALLAS WAY  
APT 2H

City HIGH POINT State NC Zip Code 27265-3635

Purpose of Disbursement  
TRAVEL - AIRFARE & HOTEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : SB21B.I91935

Amount of Each Disbursement this Period

968.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1180.16

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMOM CARTER BLVD

City FORT WORTH State TX Zip Code 76155-2605

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 15 / 2016

Transaction ID : SB21B.I92706

Amount of Each Disbursement this Period

791.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARRIOTT**

Mailing Address 600 UNICORN PARK DRIVE

City WOBURN State MA Zip Code 01801-3376

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 23 / 2016

Transaction ID : SB21B.I92707

Amount of Each Disbursement this Period

176.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVE GAFFNEY**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : SB21B.I91930

Amount of Each Disbursement this Period

832.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

832.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : SB21B.I91917

Amount of Each Disbursement this Period

328.87

Memo Item

Full Name (Last, First, Middle Initial)

**B. OFFICE MAX**

Mailing Address 4347 MERLE HAY ROAD

City DES MOINES State IA Zip Code 50310

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2016

Transaction ID : SB21B.I92681

Amount of Each Disbursement this Period

117.61

Memo Item

Full Name (Last, First, Middle Initial)

**C. PIZZA HUT**

Mailing Address 8805 CHAMBERY BLVD

City GRIMES State IA Zip Code 50131

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 14 / 2016

Transaction ID : SB21B.I92683

Amount of Each Disbursement this Period

70.18

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

328.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 1001 73RD STREET

City DES MOINES State IA Zip Code 50324

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2016

Transaction ID : **SB21B.I92682**

Amount of Each Disbursement this Period

103.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91932**

Amount of Each Disbursement this Period

927.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. EXPEDIA.COM**

Mailing Address 333 108TH AVENUE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

Transaction ID : **SB21B.I92719**

Amount of Each Disbursement this Period

927.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

927.20



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91960**

Amount of Each Disbursement this Period

3146.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
AGENCY FEES - CONSULTING - DIRECT MAIL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91841**

Amount of Each Disbursement this Period

20610.94

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
ONLINE FEES - CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91842**

Amount of Each Disbursement this Period

12000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

35757.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. COLORTREE GROUP, INC.**

Mailing Address 8000 VILLA PARK DRIVE

City RICHMOND State VA Zip Code 23228-6500

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : SB21B.I91843

Amount of Each Disbursement this Period

2843.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. D&D UNLIMITED, INC.**

Mailing Address 524 MID FLORIDA DR.  
SUITE 202

City ORLANDO State FL Zip Code 32824-7057

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : SB21B.I91844

Amount of Each Disbursement this Period

15123.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIRECT ANSWER**

Mailing Address 414 SMOKEY HOLLOW ROAD

City CAPON BRIDGE State WV Zip Code 26711-2401

Purpose of Disbursement  
POSTAGE - ESCROW DEPOSIT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : SB21B.I91968

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

22966.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. DIRECTMAIL.COM**

Mailing Address 5351 KETCH ROAD

City PRINCE FREDERICK State MD Zip Code 20678-3470

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : SB21B.I91845

Amount of Each Disbursement this Period

2014.29

Memo Item

Full Name (Last, First, Middle Initial)

**B. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
DIRECT MAIL - LIST MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : SB21B.I91846

Amount of Each Disbursement this Period

3582.57

Memo Item

Full Name (Last, First, Middle Initial)

**C. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : SB21B.I91847

Amount of Each Disbursement this Period

1062.03

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6658.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
DIRECT MAIL - FULFILLMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : SB21B.I91848

Amount of Each Disbursement this Period

2819.74

Memo Item

Full Name (Last, First, Middle Initial)

**B. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
OTHER - DATA CENTER INVOICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : SB21B.I91849

Amount of Each Disbursement this Period

1748.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. GA COMMUNITY NEWSPAPER**

Mailing Address 2365 PRINCE AVE

City ATHENS State GA Zip Code 30606

Purpose of Disbursement  
ADVERTISEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : SB21B.I91924

Amount of Each Disbursement this Period

550.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5118.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. INTERNATIONAL DATA MANAGEMENT**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91850**

Amount of Each Disbursement this Period

2767.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTERNATIONAL DATA MANAGEMENT**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91851**

Amount of Each Disbursement this Period

160.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. OMEGA LIST COMPANY**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
LIST RENTAL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91852**

Amount of Each Disbursement this Period

186.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3113.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. OMEGA LIST COMPANY**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
ONLINE ADVERTISING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : **SB21B.I91853**

Amount of Each Disbursement this Period

3910.27

Memo Item

Full Name (Last, First, Middle Initial)

**B. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : **SB21B.I91840**

Amount of Each Disbursement this Period

6500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2016

Transaction ID : **SB21B.I91854**

Amount of Each Disbursement this Period

19817.45

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30227.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
POSTAGE - MS. INV ADJUSTMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91855**

Amount of Each Disbursement this Period

212.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91856**

Amount of Each Disbursement this Period

8350.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
OTHER - SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91857**

Amount of Each Disbursement this Period

411.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8974.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. SISK FULFILLMENT SERVICES**

Full Name (Last, First, Middle Initial)

Mailing Address 1900 INDUSTRIAL PARK DR.

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91858**

Amount of Each Disbursement this Period: 8482.06

Memo Item

**B. SISK FULFILLMENT SERVICES**

Full Name (Last, First, Middle Initial)

Mailing Address 1900 INDUSTRIAL PARK DR.

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement OTHER - STORAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91859**

Amount of Each Disbursement this Period: 510.00

Memo Item

**C. WELLS FARGO BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 3171 PETERS CREEK PARKWAY

City WINSTON SALEM State NC Zip Code 27127-4713

Purpose of Disbursement BANK CHARGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91874**

Amount of Each Disbursement this Period: 15.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9007.06

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ZIP MAILING SERVICES, INC.**

Mailing Address 6304 SHERIFF RD. STE Z  
STE Z

City LANDOVER State MD Zip Code 20785-4361

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I91860**

Amount of Each Disbursement this Period

11842.14

Memo Item

Full Name (Last, First, Middle Initial)

**B. KATIE BABIE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

Transaction ID : **SB21B.I91895**

Amount of Each Disbursement this Period

115.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KATIE BABIE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

Transaction ID : **SB21B.I91912**

Amount of Each Disbursement this Period

287.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12244.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. SARAH DE LA CERDA</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2016	
Mailing Address 3915 PALLAS WAY APT 2H		<b>Transaction ID : SB21B.I91946</b>	
City HIGH POINT State NC Zip Code 27265-3635	Category/ Type	Amount of Each Disbursement this Period 1378.28	
Purpose of Disbursement REIMBURSED EXPENSES		<input type="checkbox"/> Memo Item	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TINA GOFF</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2016	
Mailing Address 8805 CHAMBERY BLVD STE 250		<b>Transaction ID : SB21B.I91945</b>	
City JOHNSTON State IA Zip Code 50131-8813	Category/ Type	Amount of Each Disbursement this Period 1346.76	
Purpose of Disbursement REIMBURSED EXPENSES		<input type="checkbox"/> Memo Item	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. DAVID STEVESON</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2016	
Mailing Address P.O. BOX 1982 123 S LEE ST		<b>Transaction ID : SB21B.I91940</b>	
City FT. GIBSON State OK Zip Code 74434	Category/ Type	Amount of Each Disbursement this Period 1055.70	
Purpose of Disbursement TRAVEL - MILEAGE		<input type="checkbox"/> Memo Item	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3780.74
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. DAVID STEVESON</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2016
Mailing Address P.O. BOX 1982 123 S LEE ST		<b>Transaction ID : SB21B.I91941</b>
City FT. GIBSON	State OK	
Purpose of Disbursement CONFERENCE, CONVENTION, MEETING		Amount of Each Disbursement this Period 1066.60
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HOLIDAY INN</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address 707 NORTH SHORELINE BOULEVARD		<b>Transaction ID : SB21B.I92761</b>
City CORPUS CHRISTI	State TX	
Purpose of Disbursement TRAVEL - LODGING		Amount of Each Disbursement this Period 132.68
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHERATON HOTEL</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2016
Mailing Address STARWOOD HOTELS & RESORTS 1 STAR POINT		<b>Transaction ID : SB21B.I92762</b>
City STAMFORD	State CT	
Purpose of Disbursement TRAVEL - LODGING		Amount of Each Disbursement this Period 95.39
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1066.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. RUTH THOMPSON**

Mailing Address

City State Zip Code

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2016

**Transaction ID : SB21B.I91890**

Amount of Each Disbursement this Period

98.64
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. SAM'S CLUB**

Mailing Address 1101 73RD ST

City State Zip Code  
DES MOINES IA 50311

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2016

**Transaction ID : SB21B.I92700**

Amount of Each Disbursement this Period

98.64
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRANK & COMPANY, P.C.**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City State Zip Code  
MCLEAN VA 22101-3646

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2016

**Transaction ID : SB21B.I91978**

Amount of Each Disbursement this Period

15386.97
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15485.61
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2016

Transaction ID : **SB21B.I91869**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GINNY SAND**

Mailing Address 22720 CAVALIER STREET

City WOODLAND HILLS State CA Zip Code 91364

Purpose of Disbursement  
REIMBURSED EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : **SB21B.I91892**

Amount of Each Disbursement this Period

104.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. A1 VAN AD ITEMS**

Mailing Address 3290 VAN DRIVE

City BURLINGTON State NC Zip Code 27215-9000

Purpose of Disbursement  
FULFILLMENT ITEMS - SIGNS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : **SB21B.I91949**

Amount of Each Disbursement this Period

1593.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1898.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CENTURY LINK TELEPHONE**

Mailing Address PO BOX 91154

City SEATTLE State WA Zip Code 98111-9254

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : SB21B.I91900

Amount of Each Disbursement this Period

157.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSERVATIVE REVIEW**

Mailing Address 3960 HOWARD HUGHES PARKWAY #290

City LAS VEGAS State NV Zip Code 89169

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : SB21B.I91961

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DESERT FOX STRATEGIC COMMUNICATIONS**

Mailing Address 5841 EAST CHARLESTON BLVD SUITE 230-226

City LAS VEGAS State NV Zip Code 89142-1021

Purpose of Disbursement  
CONSULTING - PUBLIC RELATIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : SB21B.I91972

Amount of Each Disbursement this Period

6500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10657.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ENDICIA**

Mailing Address 278 CASTRO STREET

City MOUNTAIN VIEW State CA Zip Code 94041

Purpose of Disbursement  
POSTAGE, MAILING SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : SB21B.I91881

Amount of Each Disbursement this Period

34.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. KACO**

Mailing Address 1610 BRIDGES DRIVE

City HIGH POINT State NC Zip Code 27262-7619

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : SB21B.I91934

Amount of Each Disbursement this Period

951.28

Memo Item

Full Name (Last, First, Middle Initial)

**C. MIDAMERICAN ENERGY COMPANY**

Mailing Address PO BOX 8020

City DAVENPORT State IA Zip Code 52808-8020

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : SB21B.I91879

Amount of Each Disbursement this Period

30.19

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1016.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. NEW YORK STATE DEPARTMENT OF TAXATION**

Mailing Address P.O. BOX 4127

City BINGHAMTON State NY Zip Code 13902-4127

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : SB21B.I91891

Amount of Each Disbursement this Period

104.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. RED STRATEGIES, LLC**

Mailing Address PO BOX 548

City BASSETT State VA Zip Code 24055-0548

Purpose of Disbursement  
CONSULTING FEE: SURVEY-FOCUS GROUP

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : SB21B.I91899

Amount of Each Disbursement this Period

22568.51

Memo Item

Full Name (Last, First, Middle Initial)

**C. SAVANNA COMMUNICATIONS, LLC**

Mailing Address 755 SONNE DRIVE

City ANNAPOLIS State MD Zip Code 21041

Purpose of Disbursement  
VIDEO PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : SB21B.I91974

Amount of Each Disbursement this Period

7600.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30273.02



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. THE OPPOSITION PROJECT**

Mailing Address 11-C TRICOTT FOREST

City FARMINGTON State CT Zip Code 06032

Purpose of Disbursement  
ACCOUNTS PAYABLE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2016

Transaction ID : SB21B.I91937

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CPAC**

Mailing Address 1331 H STREET NW  
#500

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2016

Transaction ID : SB21B.I91973

Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK**

Mailing Address 3171 PETERS CREEK PARKWAY

City WINSTON SALEM State NC Zip Code 27127-4713

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2016

Transaction ID : SB21B.I91865

Amount of Each Disbursement this Period

554.12

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9054.12

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. DEVONTE FLORENCE**

Mailing Address 8805 CHAMBERRY BLVD  
#250

City JOHNSTON State IA Zip Code 50125

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : SB21B.I91931

Amount of Each Disbursement this Period

880.37

Memo Item

Full Name (Last, First, Middle Initial)

**B. MS. MARILYN LOTT**

Mailing Address 163 JENNIFER DR.

City SCOTTSBORO State AL Zip Code 35769

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : SB21B.I91902

Amount of Each Disbursement this Period

192.53

Memo Item

Full Name (Last, First, Middle Initial)

**C. MATTHEW P. MILLER**

Mailing Address 4265 WILLIAMSBURG DRIVE

City COLUMBIA State SC Zip Code 29203-5437

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : SB21B.I91897

Amount of Each Disbursement this Period

123.12

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1196.02

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MATTHEW P. MILLER</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 4265 WILLIAMSBURG DRIVE		<b>Transaction ID : SB21B.I91914</b>
City COLUMBIA State SC Zip Code 29203-5437	Amount of Each Disbursement this Period 311.04	
Purpose of Disbursement TRAVEL - MILEAGE	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MATTHEW P. MILLER</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 4265 WILLIAMSBURG DRIVE		<b>Transaction ID : SB21B.I91916</b>
City COLUMBIA State SC Zip Code 29203-5437	Amount of Each Disbursement this Period 314.84	
Purpose of Disbursement TRAVEL - MILEAGE	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MATTHEW P. MILLER</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 4265 WILLIAMSBURG DRIVE		<b>Transaction ID : SB21B.I91939</b>
City COLUMBIA State SC Zip Code 29203-5437	Amount of Each Disbursement this Period 1025.36	
Purpose of Disbursement TRAVEL - MILEAGE	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1651.24

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. DANIEL OLER**

Mailing Address 511 EAST FIRST STREET  
LOT 20

City HUXLEY State IA Zip Code 50124

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : SB21B.I91876

Amount of Each Disbursement this Period

21.06

Memo Item

Full Name (Last, First, Middle Initial)

**B. KEVIN SHANKLE**

Mailing Address 390 FREESTONE ROAD

City MOREHEAD State KY Zip Code 40351

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : SB21B.I91907

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MR. JOHN P. SOUSA IV**

Mailing Address 11 TALCOTT FOREST ROAD  
APT. C

City FARMINGTON State CT Zip Code 06032-3545

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : SB21B.I91951

Amount of Each Disbursement this Period

1751.49

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2022.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN AIRLINES**

Mailing Address **4333 AMOM CARTER BLVD**

City **FORT WORTH** State **TX** Zip Code **76155-2605**

Purpose of Disbursement  
**TRAVEL - AIRFARE**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
**02 / 22 / 2016**

Transaction ID : **SB21B.I92752**

Amount of Each Disbursement this Period  
**298.09**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. BUDGET RENT-A-CAR**

Mailing Address **6 SYLVAN WAY**

City **PARSIPPANY** State **NJ** Zip Code **07054-3826**

Purpose of Disbursement  
**TRAVEL - RENTAL CAR**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
**02 / 22 / 2016**

Transaction ID : **SB21B.I92753**

Amount of Each Disbursement this Period  
**62.57**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CAESARS PALACE**

Mailing Address **3570 LAS VEGAS BLVD**

City **LAS VEGAS** State **NV** Zip Code **89109**

Purpose of Disbursement  
**TRAVEL - LODGING**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
**02 / 23 / 2016**

Transaction ID : **SB21B.I92755**

Amount of Each Disbursement this Period  
**160.16**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **0.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354-1989

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : **SB21B.I92751**

Amount of Each Disbursement this Period

543.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. GORDON RAMSAY PUB & GRILL**

Mailing Address 3570 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : **SB21B.I92756**

Amount of Each Disbursement this Period

319.29

Memo Item

Full Name (Last, First, Middle Initial)

**C. HYATT HOTELS**

Mailing Address 7901 TYSONS ONE PLACE

City TYSONS CORNER State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB21B.I92754**

Amount of Each Disbursement this Period

326.27

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : **SB21B.I91958**

Amount of Each Disbursement this Period

2551.79

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : **SB21B.I91981**

Amount of Each Disbursement this Period

48378.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. INTERNATIONAL DATA MANAGEMENT**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : **SB21B.I91861**

Amount of Each Disbursement this Period

2722.44

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

53652.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PREMIER FULFILLMENT & PROCESSING, INC.**

Mailing Address 4841 DILLON DR.  
4841 DILLON DR.

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : SB21B.I91862

Amount of Each Disbursement this Period

2367.86

Memo Item

Full Name (Last, First, Middle Initial)

**B. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK DR.

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : SB21B.I91863

Amount of Each Disbursement this Period

7931.12

Memo Item

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK**

Mailing Address 3171 PETERS CREEK PARKWAY

City WINSTON SALEM State NC Zip Code 27127-4713

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : SB21B.I91864

Amount of Each Disbursement this Period

10984.85

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

21283.83



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. MR. EARNEST JORDAN**

Mailing Address 101 POE ST  
APT 47

City RICHMOND State VA Zip Code 23222

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : SB21B.I92154**

Amount of Each Disbursement this Period

2016.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
#400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : SB21B.I92049**

Amount of Each Disbursement this Period

4315.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
#400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
COMPUTER EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

**Transaction ID : SB21B.I92050**

Amount of Each Disbursement this Period

2776.42

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9108.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CPAC**

Mailing Address 1331 H STREET NW  
#500

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : **SB21B.I92048**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RED STRATEGIES, LLC**

Mailing Address PO BOX 548

City BASSETT State VA Zip Code 24055-0548

Purpose of Disbursement  
AUTOMATED CALL SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : **SB21B.I92061**

Amount of Each Disbursement this Period

19000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SPS2 REALTY HOLDINGS LLC**

Mailing Address 815 ELM STREET  
#3C

City MANCHESTER State NH Zip Code 03101-2129

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : **SB21B.I92065**

Amount of Each Disbursement this Period

1575.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

22575.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

### A. EDDIE FACEY

Mailing Address 7794 RIVER MIST COURT

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement  
RADIO ADVERTISEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2016

Transaction ID : SB21B.I92022

Amount of Each Disbursement this Period

678.26
--------

Memo Item

Full Name (Last, First, Middle Initial)

### B. KELVIN D. CURTIS

Mailing Address 4003 SOUTH RHET AVE  
#A-2

City NORTH CHARLESTON State SC Zip Code 29405-7175

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2016

Transaction ID : SB21B.I92025

Amount of Each Disbursement this Period

2596.33
---------

Memo Item

Full Name (Last, First, Middle Initial)

### C. 1ST BANK CARD

Mailing Address 112 W KING ST

City STRASBURG State VA Zip Code 22657

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2016

Transaction ID : SB21B.I92041

Amount of Each Disbursement this Period

456.38
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3730.97
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. STORAGEEMART**

Mailing Address 1850 SE MIEHE DRIVE

City GRIMES State IA Zip Code 50111

Purpose of Disbursement  
STORAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

Transaction ID : **SB21B.I92770**

Amount of Each Disbursement this Period

289.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECTV**

Mailing Address PO BOX 60036

City LOS ANGELES State CA Zip Code 90060-0036

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **SB21B.I92054**

Amount of Each Disbursement this Period

119.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOOKSETT SELF STORAGE**

Mailing Address 101 W RIVER RD

City HOOKSETT State NH Zip Code 03106-2626

Purpose of Disbursement  
STORAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **SB21B.I92057**

Amount of Each Disbursement this Period

590.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

709.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. RED STRATEGIES, LLC**

Mailing Address PO BOX 548

City **BASSETT** State **VA** Zip Code **24055-0548**

Purpose of Disbursement  
**AUTOMATED CALL SERVICE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I92062**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. SNDC, LLC**

Mailing Address 1610 BRIDGES DRIVE

City **HIGH POINT** State **NC** Zip Code **27262-7619**

Purpose of Disbursement  
**RENT**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I92064**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 5874 MERLE HAY RD

City **JOHNSTON** State **IA** Zip Code **50131-8101**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I92161**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2016

Transaction ID : **SB21B.I92162**

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2016

Transaction ID : **SB21B.I92036**

Amount of Each Disbursement this Period

83.68

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARRIOTT**

Mailing Address 600 UNICORN PARK DRIVE

City WOBURN State MA Zip Code 01801-3376

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2016

Transaction ID : **SB21B.I92718**

Amount of Each Disbursement this Period

83.68

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

183.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. LYLE THOMAS**

Full Name (Last, First, Middle Initial)

Mailing Address 1919 WINDOM PL

City LOVELAND State CO Zip Code 80538-7034

Purpose of Disbursement CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 04 / 2016

Transaction ID : **SB21B.I92026**

Amount of Each Disbursement this Period: 332.64

Memo Item

**B. CONCUR TECHNOLOGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 601 108TH AVENUE NE SUITE 1000

City BELLEVUE State WA Zip Code 98004-4750

Purpose of Disbursement COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 04 / 2016

Transaction ID : **SB21B.I92046**

Amount of Each Disbursement this Period: 550.90

Memo Item

**C. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 04 / 2016

Transaction ID : **SB21B.I92163**

Amount of Each Disbursement this Period: 100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 983.54

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. SHANNON FARR**

Mailing Address 427 REO SECO STREET

City SAN ANTONIO State TX Zip Code 78232

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I92029

Amount of Each Disbursement this Period

98.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
FULFILLMENT ITEMS - JACKETS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I92077

Amount of Each Disbursement this Period

230.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
OTHER - SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I92078

Amount of Each Disbursement this Period

140.22

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

469.87



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
OTHER - GO DADDY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I92079

Amount of Each Disbursement this Period

318.97

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
OTHER - PAYPAL/WEEBLY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I92080

Amount of Each Disbursement this Period

64.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
FULFILLMENT ITEMS - SIGNAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I92081

Amount of Each Disbursement this Period

596.73

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

980.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
AGENCY FEES - CONSULTING - DIRECT MAIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.I92084**

Amount of Each Disbursement this Period

4629.53

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
ONLINE FEES - CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.I92085**

Amount of Each Disbursement this Period

12000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COLORTREE GROUP, INC.**

Mailing Address 8000 VILLA PARK DRIVE

City RICHMOND State VA Zip Code 23228-6500

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.I92087**

Amount of Each Disbursement this Period

4722.72

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

21352.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
COMPUTER - LIST MAINT.

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I92088

Amount of Each Disbursement this Period

572.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
DIRECT MAIL - FULFILLMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I92089

Amount of Each Disbursement this Period

3038.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDERAL EXPRESS**

Mailing Address 3875 AIRWAYS BLVD  
P.O. BOX 371462

City MEMPHIS State TN Zip Code 38116-5070

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I92083

Amount of Each Disbursement this Period

3956.10

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7566.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
MAILHOUSE/LASER

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.I92090**

Amount of Each Disbursement this Period

19535.27

Memo Item

Full Name (Last, First, Middle Initial)

**B. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.I92091**

Amount of Each Disbursement this Period

14975.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK DR.

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement  
POSTAGE - FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.I92082**

Amount of Each Disbursement this Period

911.02

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

35421.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK DR.

City State Zip Code  
FEDERLSBURG MD 21632-2667

Purpose of Disbursement  
OTHER - STORAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.I92086**

Amount of Each Disbursement this Period

195.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City State Zip Code  
CHANTILLY VA 20151-1501

Purpose of Disbursement  
DIRECT MAIL - FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.I92075**

Amount of Each Disbursement this Period

2202.88

Memo Item

Full Name (Last, First, Middle Initial)

**C. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City State Zip Code  
CHANTILLY VA 20151-1501

Purpose of Disbursement  
BOOKKEEPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.I92076**

Amount of Each Disbursement this Period

6413.38

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8811.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. WEBSTER, CHAMBERLAIN & BEAN**

Mailing Address 1747 PENNSYLVANIA AVENUE, NW

City WASHINGTON State DC Zip Code 20006-4604

Purpose of Disbursement  
DUES & REGISTRATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.I92092**

Amount of Each Disbursement this Period

280.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ZIP MAILING SERVICES, INC.**

Mailing Address 6304 SHERIFF RD. STE Z  
STE Z

City LANDOVER State MD Zip Code 20785-4361

Purpose of Disbursement  
MAILHOUSE/LASER

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : **SB21B.I92093**

Amount of Each Disbursement this Period

941.52

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIRECT ANSWER**

Mailing Address 414 SMOKEY HOLLOW ROAD

City CAPON BRIDGE State WV Zip Code 26711-2401

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

Transaction ID : **SB21B.I92052**

Amount of Each Disbursement this Period

35234.09

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

36455.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. FLUET HUBER & HOANG PLLC**

Mailing Address 13580 GROUPE DR

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

Transaction ID : **SB21B.I92055**

Amount of Each Disbursement this Period

120.48

Memo Item

Full Name (Last, First, Middle Initial)

**B. POLITICAL MARKETING INTERNATIONAL, INC.**

Mailing Address P.O. BOX 698

City MARIANNA State FL Zip Code 32447

Purpose of Disbursement  
CONSULTING - AUTOMATED CALL SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

Transaction ID : **SB21B.I92059**

Amount of Each Disbursement this Period

6112.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. STATE CORPORATION COMMISSION**

Mailing Address 1300 E MAIN STREET

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
LICENSE & PERMITS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

Transaction ID : **SB21B.I92066**

Amount of Each Disbursement this Period

6.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6239.38

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. THE PINKSTONE GROUP**

Mailing Address PO BOX 373

City State Zip Code  
FAIRFAX STATION VA 22039-0373

Purpose of Disbursement  
PUBLIC RELATIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

Transaction ID : **SB21B.I92069**

Amount of Each Disbursement this Period

1735.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. WILLARD A HARVEY JR.**

Mailing Address 8123 ASHGROVE DR.

City State Zip Code  
CINCINNATI OH 45244

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : **SB21B.I92150**

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MS. THERESA E STEPHENS**

Mailing Address 2629 KEATS AVE

City State Zip Code  
THOUSAND OAKS CA 91360

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : **SB21B.I92139**

Amount of Each Disbursement this Period

10.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1755.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. MS. MAXINE D TAYLOR**

Mailing Address 2394 W 1050 N

City HURRICANE State UT Zip Code 84737

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : **SB21B.I92151**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MS. JOAN TOWNSEND**

Mailing Address 1927 THREE STARS RD

City EDMOND State OK Zip Code 73034

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : **SB21B.I92152**

Amount of Each Disbursement this Period

60.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DEVIN HACKFORT**

Mailing Address PO BOX 167

City PATON State IA Zip Code 50217

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : **SB21B.I92021**

Amount of Each Disbursement this Period

1095.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1180.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : **SB21B.I92164**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. R O BOISTURE**

Mailing Address 3041 ENGLEWOOD DR.

City JENNINGS State LA Zip Code 70546

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **SB21B.I92159**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SAVANNA COMMUNICATIONS, LLC**

Mailing Address 755 SONNE DRIVE

City ANNAPOLIS State MD Zip Code 21041

Purpose of Disbursement  
SOCIAL MEDIA ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **SB21B.I92063**

Amount of Each Disbursement this Period

10000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10075.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. THE UPS STORE**

Mailing Address 8805 CHAMBERY BLVD  
SUITE 300

City JOHNSTON State IA Zip Code 50131-8816

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : **SB21B.I92070**

Amount of Each Disbursement this Period

17481.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. ROGER ADAMS**

Mailing Address 13754 BRIGHTON DAM RD

City CLARKSVILLE State MD Zip Code 21029

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

Transaction ID : **SB21B.I92144**

Amount of Each Disbursement this Period

2016.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MR. VINCENT M CANGIANO**

Mailing Address 3152 GRACEFIELD RD  
APT 522

City SILVER SPRING State MD Zip Code 20904

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

Transaction ID : **SB21B.I92129**

Amount of Each Disbursement this Period

50.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

19547.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. SARAH DE LA CERDA**

Mailing Address 3915 PALLAS WAY  
APT 2H

City HIGH POINT State NC Zip Code 27265-3635

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2016

Transaction ID : **SB21B.I92028**

Amount of Each Disbursement this Period

977.86

Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS. ESTHER A DEAL**

Mailing Address 1536 SYCAMORE CT

City GOSHEN State IN Zip Code 46526

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2016

Transaction ID : **SB21B.I92128**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SHANNON FARR**

Mailing Address 427 REO SECO STREET

City SAN ANTONIO State TX Zip Code 78232

Purpose of Disbursement  
POSTAGE, MAILING SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2016

Transaction ID : **SB21B.I92030**

Amount of Each Disbursement this Period

35.44

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1038.30

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
MEALS & ENTERTAINMENT - PER DIEM

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

Transaction ID : **SB21B.I92032**

Amount of Each Disbursement this Period

450.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

Transaction ID : **SB21B.I92034**

Amount of Each Disbursement this Period

285.12

Memo Item

Full Name (Last, First, Middle Initial)

**C. MS. JANE HAMILTON**

Mailing Address 845 TANGLEWOOD CIR

City DUBLIN State GA Zip Code 31021

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

Transaction ID : **SB21B.I92127**

Amount of Each Disbursement this Period

20.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

755.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JUDSON HAMILTON**

Mailing Address 845 TANGLEWOOD CIR

City DUBLIN State GA Zip Code 31021

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

**Transaction ID : SB21B.I92130**

Amount of Each Disbursement this Period

20.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. SAM JAMES**

Mailing Address 4673 PIERSON DR.

City OOLTEWAH State TN Zip Code 37363

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

**Transaction ID : SB21B.I92141**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MS. PAM KISH**

Mailing Address 107 10TH ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

**Transaction ID : SB21B.I92149**

Amount of Each Disbursement this Period

12.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

82.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. & MRS. CONNIE PETERSON**

Full Name (Last, First, Middle Initial)

Mailing Address 410 CARVALOS DR.

City CHULA VISTA State CA Zip Code 91910

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2016

Transaction ID : **SB21B.I92148**

Amount of Each Disbursement this Period: 20.16

Memo Item

**B. MR. JOHN PIERCE**

Full Name (Last, First, Middle Initial)

Mailing Address 105 ANTIETAM DR.

City LOCUST State VA Zip Code 22508

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2016

Transaction ID : **SB21B.I92143**

Amount of Each Disbursement this Period: 20.16

Memo Item

**C. MS. SHARON JANE SHAW**

Full Name (Last, First, Middle Initial)

Mailing Address 2527 OAK AVE

City TUCKER State GA Zip Code 30084

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2016

Transaction ID : **SB21B.I92157**

Amount of Each Disbursement this Period: 20.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 60.48

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. CONNECTICUT DEPARTMENT OF REVENUE**

Full Name (Last, First, Middle Initial)

Mailing Address 55 W MAIN ST #100

City WATERBURY State CT Zip Code 06702

Purpose of Disbursement SALES & USE TAX

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2016

Transaction ID : **SB21B.I92047**

Amount of Each Disbursement this Period: 3.00

Memo Item

**B. VIRGINIA DEPARTMENT OF TAXATION**

Full Name (Last, First, Middle Initial)

Mailing Address 1957 WESTMORELAND STREET

City RICHMOND State VA Zip Code 23230-3225

Purpose of Disbursement SALES & USE TAX

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2016

Transaction ID : **SB21B.I92071**

Amount of Each Disbursement this Period: 24.38

Memo Item

**C. ADZIG**

Full Name (Last, First, Middle Initial)

Mailing Address 104B HOMESTEAD DRIVE

City FOREST State VA Zip Code 24551-4884

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 14 / 2016

Transaction ID : **SB21B.I92096**

Amount of Each Disbursement this Period: 369.65

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 397.03

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
AGENCY FEES - CONSULTING - DIRECT MAIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SB21B.I92097

Amount of Each Disbursement this Period

10349.83

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECTMAIL.COM**

Mailing Address 5351 KETCH ROAD

City PRINCE FREDERICK State MD Zip Code 20678-3470

Purpose of Disbursement  
OTHER - SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SB21B.I92094

Amount of Each Disbursement this Period

295.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
COMPUTER - POSTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SB21B.I92098

Amount of Each Disbursement this Period

952.11

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11596.94

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
COMPUTER - LIST MAINT.

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : **SB21B.I92099**

Amount of Each Disbursement this Period

1925.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. ECG DATA CENTER**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
OTHER - DATA CENTER INVOICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : **SB21B.I92100**

Amount of Each Disbursement this Period

42.69

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDERAL EXPRESS**

Mailing Address 3875 AIRWAYS BLVD  
P.O. BOX 371462

City MEMPHIS State TN Zip Code 38116-5070

Purpose of Disbursement  
POSTAGE - BRM

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : **SB21B.I92095**

Amount of Each Disbursement this Period

22.19

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1990.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. INTERNATIONAL DATA MANAGEMENT**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement  
MAILHOUSE FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : SB21B.I92102

Amount of Each Disbursement this Period

2132.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTERNATIONAL DATA MANAGEMENT**

Mailing Address 490 WHITE POND DRIVE

City AKRON State OH Zip Code 44320-1122

Purpose of Disbursement  
PRINTING - FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : SB21B.I92103

Amount of Each Disbursement this Period

80.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. OMEGA LIST COMPANY**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
LIST RENTAL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : SB21B.I92101

Amount of Each Disbursement this Period

1081.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3294.76

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PREMIER FULFILLMENT & PROCESSING, INC.**

Mailing Address 4841 DILLON DR.  
4841 DILLON DR.

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
MAILHOUSE/LASER

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

**Transaction ID : SB21B.I92104**

Amount of Each Disbursement this Period

1550.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
MAILHOUSE/LASER

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

**Transaction ID : SB21B.I92105**

Amount of Each Disbursement this Period

25152.73

Memo Item

Full Name (Last, First, Middle Initial)

**C. RST MARKETING**

Mailing Address 1272 CORPORATE PARK ROAD

City FOREST State VA Zip Code 24551-2277

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

**Transaction ID : SB21B.I92106**

Amount of Each Disbursement this Period

13948.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

40651.39

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK DR.

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement MAILHOUSE FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : **SB21B.I92107**

Amount of Each Disbursement this Period: 3071.93

Memo Item

Full Name (Last, First, Middle Initial)

**B. VALTIM**

Mailing Address POST OFFICE BOX 809 1095 VENTUR  
POST OFFICE BOX 809 1095 VENTUR

City FOREST State VA Zip Code 24551

Purpose of Disbursement MAILHOUSE/LASER

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 14 / 2016

Transaction ID : **SB21B.I92108**

Amount of Each Disbursement this Period: 10528.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. GINNY SAND**

Mailing Address 22720 CAVALIER STREET

City WOODLAND HILLS State CA Zip Code 91364

Purpose of Disbursement CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 15 / 2016

Transaction ID : **SB21B.I92023**

Amount of Each Disbursement this Period: 995.28

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 14595.77

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. RED ROOF INN**

Mailing Address 6170 OXON HILL RD

City OXON HILL State MD Zip Code 20745

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2016

Transaction ID : **SB21B.I92726**

Amount of Each Disbursement this Period

995.28

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2016

Transaction ID : **SB21B.I92042**

Amount of Each Disbursement this Period

44590.52

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2016

Transaction ID : **SB21B.I92044**

Amount of Each Disbursement this Period

1286.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

45877.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. THE OPPOSITION PROJECT**

Mailing Address 11-C TRICOTT FOREST

City FARMINGTON State CT Zip Code 06032

Purpose of Disbursement  
CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2016

Transaction ID : **SB21B.I92067**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WILLIAM J. OLSON, P.C.**

Mailing Address 370 MAPLE AVENUE W  
SUITE 4

City VIENNA State VA Zip Code 22180-5615

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2016

Transaction ID : **SB21B.I92072**

Amount of Each Disbursement this Period

5349.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2016

Transaction ID : **SB21B.I92031**

Amount of Each Disbursement this Period

1227.96

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7577.21

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
PAYROLL SERVICE FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2016

Transaction ID : SB21B.I92045

Amount of Each Disbursement this Period

191.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECT ANSWER**

Mailing Address 414 SMOKEY HOLLOW ROAD

City CAPON BRIDGE State WV Zip Code 26711-2401

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2016

Transaction ID : SB21B.I92053

Amount of Each Disbursement this Period

2817.16

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
OTHER - PAYPAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : SB21B.I92110

Amount of Each Disbursement this Period

25.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3033.81



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
FULFILLMENT ITEMS - JACKETS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : SB21B.I92111

Amount of Each Disbursement this Period

298.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : SB21B.I92112

Amount of Each Disbursement this Period

161.51

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
OTHER - SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : SB21B.I92113

Amount of Each Disbursement this Period

100.10

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

559.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
AGENCY FEES - CONSULTING - DIRECT MAIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2016

Transaction ID : **SB21B.I92114**

Amount of Each Disbursement this Period

7000.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN FUNDING DIRECT**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
ONLINE FEES - CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2016

Transaction ID : **SB21B.I92115**

Amount of Each Disbursement this Period

11000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. D&D UNLIMITED, INC.**

Mailing Address 524 MID FLORIDA DR.  
SUITE 202

City ORLANDO State FL Zip Code 32824-7057

Purpose of Disbursement  
FULFILLMENT ITEMS - MAGNETS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2016

Transaction ID : **SB21B.I92116**

Amount of Each Disbursement this Period

756.87

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

18757.07

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. D&D UNLIMITED, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 524 MID FLORIDA DR.  
SUITE 202

City ORLANDO State FL Zip Code 32824-7057

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 21 / 2016

Transaction ID : **SB21B.I92117**

Amount of Each Disbursement this Period: 1400.00

Memo Item

**B. ECG DATA CENTER**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement DIRECT MAIL - FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 21 / 2016

Transaction ID : **SB21B.I92118**

Amount of Each Disbursement this Period: 2363.90

Memo Item

**C. OMEGA LIST COMPANY**

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement LIST RENTAL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 21 / 2016

Transaction ID : **SB21B.I92119**

Amount of Each Disbursement this Period: 205.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3968.90

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. OMEGA LIST COMPANY**

Mailing Address 1420 SPRING HILL ROAD  
SUITE 490

City MCLEAN State VA Zip Code 22102-3028

Purpose of Disbursement  
LIST RENTAL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : SB21B.I92120

Amount of Each Disbursement this Period

1505.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK DR.

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement  
MAILHOUSE FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : SB21B.I92121

Amount of Each Disbursement this Period

2626.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. SISK FULFILLMENT SERVICES**

Mailing Address 1900 INDUSTRIAL PARK DR.

City FEDERALSBURG State MD Zip Code 21632-2667

Purpose of Disbursement  
OTHER - STORAGE CREDIT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : SB21B.I92122

Amount of Each Disbursement this Period

-285.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3846.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. VALTIM**

Mailing Address POST OFFICE BOX 809 1095 VENTUR  
POST OFFICE BOX 809 1095 VENTUR

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
POSTAGE - MAILHOUSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : **SB21B.I92109**

Amount of Each Disbursement this Period

24900.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151-1501

Purpose of Disbursement  
DIRECT MAIL - FULFILLMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : **SB21B.I92123**

Amount of Each Disbursement this Period

1466.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151-1501

Purpose of Disbursement  
BOOKKEEPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : **SB21B.I92124**

Amount of Each Disbursement this Period

6320.53

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

32687.13

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. FRANK & COMPANY, P.C.**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I92056**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I92035**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. OFFICE MAX**

Mailing Address 4347 MERLE HAY ROAD

City DES MOINES State IA Zip Code 50310

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I92693**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PRICE CHOPPER**

Mailing Address 5440 NW 86TH STREET

City JOHNSTON State IA Zip Code 50131

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2016

Transaction ID : SB21B.I92692

Amount of Each Disbursement this Period

9.49

Memo Item

Full Name (Last, First, Middle Initial)

**B. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
OFFICE EXPENSE - LOCK REPAIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2016

Transaction ID : SB21B.I92037

Amount of Each Disbursement this Period

45.79

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRAUSS SECURITY SOLUTIONS**

Mailing Address 4663 121ST ST

City URBANDALE State IA Zip Code 50323

Purpose of Disbursement  
OFFICE EXPENSE - LOCK REPAIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2016

Transaction ID : SB21B.I92696

Amount of Each Disbursement this Period

45.79

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

45.79

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

Transaction ID : **SB21B.I92038**

Amount of Each Disbursement this Period

34.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. PRICE CHOPPER**

Mailing Address 5440 NW 86TH STREET

City JOHNSTON State IA Zip Code 50131

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I92694**

Amount of Each Disbursement this Period

34.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2016

Transaction ID : **SB21B.I92039**

Amount of Each Disbursement this Period

30.17

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

64.42



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702-4478

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2016

Transaction ID : SB21B.I92697

Amount of Each Disbursement this Period

30.17

Memo Item

Full Name (Last, First, Middle Initial)

**B. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
MEALS & ENTERTAINMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2016

Transaction ID : SB21B.I92040

Amount of Each Disbursement this Period

20.14

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANDIAMO'S**

Mailing Address DETROIT METRO AIRPORT

City State Zip Code

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 01 / 2016

Transaction ID : SB21B.I92695

Amount of Each Disbursement this Period

20.14

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

20.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. TINA GOFF**

Mailing Address 8805 CHAMBERY BLVD  
STE 250

City JOHNSTON State IA Zip Code 50131-8813

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2016

Transaction ID : **SB21B.I92033**

Amount of Each Disbursement this Period

440.89

Memo Item

Full Name (Last, First, Middle Initial)

**B. DUNKIN' DONUTS**

Mailing Address 4206 MERLE HAY RD  
#100

City URBANDALE State IA Zip Code 50322

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 19 / 2016

Transaction ID : **SB21B.I92691**

Amount of Each Disbursement this Period

21.18

Memo Item

Full Name (Last, First, Middle Initial)

**C. JIMMY JOHNS**

Mailing Address 5950 86TH STREET

City JOHNSTON State IA Zip Code 50131

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2016

Transaction ID : **SB21B.I92686**

Amount of Each Disbursement this Period

140.89

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

440.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. JOHNSTON ACE HARDWARE**

Mailing Address 5800 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : **SB21B.I92685**

Amount of Each Disbursement this Period

12.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. KRISPY KREME**

Mailing Address 1880 NW 86TH STREET

City POLK State IA Zip Code 50325

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

Transaction ID : **SB21B.I92688**

Amount of Each Disbursement this Period

41.93

Memo Item

Full Name (Last, First, Middle Initial)

**C. PIZZA HUT**

Mailing Address 8805 CHAMBERY BLVD

City GRIMES State IA Zip Code 50131

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : **SB21B.I92689**

Amount of Each Disbursement this Period

40.32

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. PIZZA HUT**

Mailing Address 8805 CHAMBERY BLVD

City GRIMES State IA Zip Code 50131

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2016

Transaction ID : **SB21B.I92690**

Amount of Each Disbursement this Period

44.89

Memo Item

Full Name (Last, First, Middle Initial)

**B. PRICE CHOPPER**

Mailing Address 5440 NW 86TH STREET

City JOHNSTON State IA Zip Code 50131

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : **SB21B.I92687**

Amount of Each Disbursement this Period

27.82

Memo Item

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 1001 73RD STREET

City DES MOINES State IA Zip Code 50324

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2016

Transaction ID : **SB21B.I92684**

Amount of Each Disbursement this Period

98.19

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. DESERT FOX STRATEGIC COMMUNICATIONS**

Mailing Address 5841 EAST CHARLESTON BLVD  
SUITE 230-226

City LAS VEGAS State NV Zip Code 89142-1021

Purpose of Disbursement  
CONSULTING - PUBLIC RELATIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2016

Transaction ID : SB21B.I92051

Amount of Each Disbursement this Period

5200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. TIM MICHAEL CASE**

Mailing Address 10906 W LARCH RD

City TRACY State CA Zip Code 95304

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : SB21B.I92158

Amount of Each Disbursement this Period

20.16

Memo Item

Full Name (Last, First, Middle Initial)

**C. MR. DARRYL COTHRON**

Mailing Address 3209 CHAUCER LN

City FLOWER MOUND State TX Zip Code 75022

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : SB21B.I92156

Amount of Each Disbursement this Period

20.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5240.32

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. MRS. VONDA A COX**

Mailing Address 1916 N 35TH ST

City State Zip Code  
GALESBURG MI 49053

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92137**

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MS. CAROLYN DILKS**

Mailing Address 6516 ENFIELD DR.

City State Zip Code  
ALEXANDRIA VA 22310

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92145**

Amount of Each Disbursement this Period

20.16

Memo Item

Full Name (Last, First, Middle Initial)

**C. MS. CAROLYN DILKS**

Mailing Address 6516 ENFIELD DR.

City State Zip Code  
ALEXANDRIA VA 22310

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92160**

Amount of Each Disbursement this Period

20.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

140.32

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. WALTER F FREDERICKS</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 12835 PRONG HORN OAK		<b>Transaction ID : SB21B.I92142</b>
City SAN ANTONIO	State TX	
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period 50.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. MR. HILBERT HANSBOROUGH</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 244 KEITH HAVEN LN		<b>Transaction ID : SB21B.I92131</b>
City COLUMBUS	State NC	
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. MR. BRUCE HIGLEY</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 880 CAMPUS COMMONS RD		<b>Transaction ID : SB21B.I92136</b>
City SACRAMENTO	State CA	
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

Transaction ID : SB21B.I92004

Amount of Each Disbursement this Period

1382.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

Transaction ID : SB21B.I92005

Amount of Each Disbursement this Period

644.53

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

Transaction ID : SB21B.I92006

Amount of Each Disbursement this Period

497.28

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2524.21



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92007**

Amount of Each Disbursement this Period

439.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92008**

Amount of Each Disbursement this Period

425.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92009**

Amount of Each Disbursement this Period

408.21

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1272.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92010**

Amount of Each Disbursement this Period

268.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92011**

Amount of Each Disbursement this Period

260.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CAMPAIGN EVENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92012**

Amount of Each Disbursement this Period

257.32

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

786.12

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. CHRISTINA HORNE**

Full Name (Last, First, Middle Initial)

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92013**

Amount of Each Disbursement this Period: 237.69

Memo Item

**B. CHRISTINA HORNE**

Full Name (Last, First, Middle Initial)

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92014**

Amount of Each Disbursement this Period: 223.04

Memo Item

**C. CHRISTINA HORNE**

Full Name (Last, First, Middle Initial)

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92015**

Amount of Each Disbursement this Period: 212.43

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 673.16

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
TRAVEL - MILEAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92016**

Amount of Each Disbursement this Period

114.47

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92017**

Amount of Each Disbursement this Period

100.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRISTINA HORNE**

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : **SB21B.I92018**

Amount of Each Disbursement this Period

75.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

290.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)  
**A. CHRISTINA HORNE**

Date of Disbursement: MM / DD / YYYY  
03 / 25 / 2016

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.I92019**

Amount of Each Disbursement this Period: 12.65

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CHRISTINA HORNE**

Date of Disbursement: MM / DD / YYYY  
03 / 25 / 2016

Mailing Address 305 OKLAHOMA PLACE

City LADSON State SC Zip Code 29456-3225

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.I92020**

Amount of Each Disbursement this Period: 12.08

Memo Item

Full Name (Last, First, Middle Initial)  
**C. MR. MELVIN KUGLER**

Date of Disbursement: MM / DD / YYYY  
03 / 25 / 2016

Mailing Address 245 SPORTSMAN RD

City ROTONDA WEST State FL Zip Code 33947

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.I92134**

Amount of Each Disbursement this Period: 50.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 74.73

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN M LINSENMEYER**

Mailing Address 7945 UMBERTO CT

City NAPLES State FL Zip Code 34114

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

**Transaction ID : SB21B.I92140**

Amount of Each Disbursement this Period

12.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. VERYL MANION**

Mailing Address 7253 W 69TH AVE

City ARVADA State CO Zip Code 80003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

**Transaction ID : SB21B.I92147**

Amount of Each Disbursement this Period

20.16

Memo Item

Full Name (Last, First, Middle Initial)

**C. MS. ALICE MICHAELS**

Mailing Address 3426 WILDCAT CREEK RD

City MANHATTAN State KY Zip Code 66503

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

**Transaction ID : SB21B.I92132**

Amount of Each Disbursement this Period

15.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

47.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. MS. ALICE MICHAELS**

Mailing Address 3426 WILDCAT CREEK RD

City MANHATTAN State KY Zip Code 66503

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : SB21B.I92153

Amount of Each Disbursement this Period

20.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. JOHN PIERCE**

Mailing Address 105 ANTIETAM DR.

City LOCUST State VA Zip Code 22508

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : SB21B.I92135

Amount of Each Disbursement this Period

20.16

Memo Item

Full Name (Last, First, Middle Initial)

**C. MS. JUNE PINDER**

Mailing Address 443 FAIRVIEW RD

City CROSSVILLE State TN Zip Code 38571

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : SB21B.I92146

Amount of Each Disbursement this Period

12.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

52.32

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MS. JANICE PODLESKI</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 380 BRANHAM LN UNIT 257		<b>Transaction ID : SB21B.I92155</b>
City SAN JOSE	State CA	
Purpose of Disbursement	<input type="checkbox"/> Category/Type	Amount of Each Disbursement this Period 50.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Full Name (Last, First, Middle Initial) <b>B. MS. EVA E SEBESTYEN</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 4074 PHYLLIS RD		<b>Transaction ID : SB21B.I92133</b>
City NORTHBROOK	State IL	
Purpose of Disbursement	<input type="checkbox"/> Category/Type	Amount of Each Disbursement this Period 50.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Full Name (Last, First, Middle Initial) <b>C. MR. MARVIN G SMITH JR.</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 1015 CHOCTAW RDG		<b>Transaction ID : SB21B.I92138</b>
City PRATTVILLE	State AL	
Purpose of Disbursement	<input type="checkbox"/> Category/Type	Amount of Each Disbursement this Period 35.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	135.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN P. SOUSA IV**

Mailing Address 11 TALCOTT FOREST ROAD  
APT. C

City FARMINGTON State CT Zip Code 06032-3545

Purpose of Disbursement  
CONFERENCE, CONVENTION, MEETING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2016

Transaction ID : **SB21B.I92024**

Amount of Each Disbursement this Period

1070.49

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMOM CARTER BLVD

City FORT WORTH State TX Zip Code 76155-2605

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2016

Transaction ID : **SB21B.I92748**

Amount of Each Disbursement this Period

358.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUDGET RENT-A-CAR**

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054-3826

Purpose of Disbursement  
TRAVEL - CAR RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2016

Transaction ID : **SB21B.I92749**

Amount of Each Disbursement this Period

100.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1070.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. HYATT HOTELS**

Mailing Address 7901 TYSONS ONE PLACE

City TYSONS CORNER State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL - LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2016

Transaction ID : **SB21B.I92750**

Amount of Each Disbursement this Period

542.08

Memo Item

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 5874 MERLE HAY RD

City JOHNSTON State IA Zip Code 50131-8101

Purpose of Disbursement  
POSTAGE FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : **SB21B.I92125**

Amount of Each Disbursement this Period

666.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAX RUPPRECHT**

Mailing Address 5069 RAINTREE DRIVE

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
REIMBURSED EXPENSES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2016

Transaction ID : **SB21B.I92027**

Amount of Each Disbursement this Period

171.54

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

837.54

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1360 BEVERLY ROAD  
SUITE 300

City MCLEAN State VA Zip Code 22101-3646

Purpose of Disbursement  
SALARIES & CONSULTANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **SB21B.I92043**

Amount of Each Disbursement this Period

12762.83

Memo Item

Full Name (Last, First, Middle Initial)

**B. KACO**

Mailing Address 1610 BRIDGES DRIVE

City HIGH POINT State NC Zip Code 27262-7619

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **SB21B.I92058**

Amount of Each Disbursement this Period

806.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. POLITICAL MARKETING INTERNATIONAL, INC.**

Mailing Address P.O. BOX 698

City MARIANNA State FL Zip Code 32447

Purpose of Disbursement  
CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **SB21B.I92060**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

14569.31

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial)

**A. THE OPPOSITION PROJECT**

Mailing Address 11-C TRICOTT FOREST

City FARMINGTON State CT Zip Code 06032

Purpose of Disbursement  
CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **SB21B.I92068**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 3171 PETERS CREEK PARKWAY

City WINSTON SALEM State NC Zip Code 27127-4713

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : **SB21B.I92126**

Amount of Each Disbursement this Period

10949.17

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11949.17

2030177.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

Full Name (Last, First, Middle Initial) <b>A. MR. NORMAN MILLER</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 604 W 3RD ST		<b>Transaction ID : SB28A.I91602</b>
City LYNN HAVEN	State FL	
Purpose of Disbursement		Amount of Each Disbursement this Period 700.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. COL ELLIETSON DAVID ROGERS RET.</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 202 WINDSOR WYND PL		<b>Transaction ID : SB28A.I91601</b>
City FUQUAY VARINA	State NC	
Purpose of Disbursement		Amount of Each Disbursement this Period 250.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. MS. JO ANN SHRINER</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 2706 FERNLEAF RD		<b>Transaction ID : SB28A.I91618</b>
City CHARLOTTESVLE	State VA	
Purpose of Disbursement		Amount of Each Disbursement this Period 500.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

**A. MR. RONALD H BOYD**

Full Name (Last, First, Middle Initial)

Mailing Address 809 TYLER

City AMARILLO State TX Zip Code 79101

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 08 / 2016

Transaction ID : SB28A.I91997

Amount of Each Disbursement this Period: 500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	1950.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1439 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CHUCK MUTH</b>	Nature of Debt (Purpose): TRAVEL: FLIGHTS AND LODGING
Mailing Address 5841 EAST CHARLESTON BLVD SUITE 230-226	
City State Zip Code LAS VEGAS NV 89142	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D0002</b>	
Amount Incurred This Period 1131.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 1131.54

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Agency Fee - Consulting
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102-3028	

Outstanding Balance Beginning This Period 79968.44	<b>Transaction ID : D7E903BB6DF0C4</b>	
Amount Incurred This Period 0.00	Payment This Period 79968.44	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Agency Fee - Online
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102-3028	

Outstanding Balance Beginning This Period 12000.00	<b>Transaction ID : DB64137D686A649</b>	
Amount Incurred This Period 0.00	Payment This Period 12000.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1131.54
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1440 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Postage
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102-3028	

Outstanding Balance Beginning This Period 556.48	<b>Transaction ID : DC733629286C242</b>	
Amount Incurred This Period 0.00	Payment This Period 556.48	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Paypal Fee
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102-3028	

Outstanding Balance Beginning This Period 25.00	<b>Transaction ID : D3520611A7BEF4B</b>	
Amount Incurred This Period 0.00	Payment This Period 25.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Fulfillment Items - Jackets
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102-3028	

Outstanding Balance Beginning This Period 119.45	<b>Transaction ID : D519BDCECFE2B4</b>	
Amount Incurred This Period 0.00	Payment This Period 119.45	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1441 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Agency Fee
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000001</b>	
Amount Incurred This Period 2366.85	Payment This Period 0.00	Outstanding Balance at Close of This Period 2366.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Other - GODADDY.COM
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000002</b>	
Amount Incurred This Period 136.51	Payment This Period 0.00	Outstanding Balance at Close of This Period 136.51

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Other - PAYPAL
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000003</b>	
Amount Incurred This Period 25.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2528.36
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1442 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Fulfillment Items
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000004</b>	
Amount Incurred This Period 190.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 190.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Printing
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000005</b>	
Amount Incurred This Period 158.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 158.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Printing
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000006</b>	
Amount Incurred This Period 24.02	Payment This Period 0.00	Outstanding Balance at Close of This Period 24.02

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	373.55
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1443 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Fulfillment Items
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000007</b>	
Amount Incurred This Period 73.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 73.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Funding Direct</b>	Nature of Debt (Purpose): Printing
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000008</b>	
Amount Incurred This Period 21.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 21.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CENTURY LINK</b>	Nature of Debt (Purpose): UTILITIES
Mailing Address PO BOX 91154	
City State Zip Code SEATTLE WA 98111-9254	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D0001</b>	
Amount Incurred This Period 25.33	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.33

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	119.93
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1444 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Chocklett Press, Inc.</b>	Nature of Debt (Purpose): Fulfillment Items - Booklets
Mailing Address 2922 Nicholas Avenue	
City State Zip Code Roanoke VA 24012-3028	

Outstanding Balance Beginning This Period 4154.94	<b>Transaction ID : DC63E46703A354A</b>	
Amount Incurred This Period 0.00	Payment This Period 4154.94	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Chocklett Press, Inc.</b>	Nature of Debt (Purpose): Printing
Mailing Address 2922 Nicholas Avenue	
City State Zip Code Roanoke VA 24012-3028	

Outstanding Balance Beginning This Period 20956.65	<b>Transaction ID : D7EA900D2E38D4</b>	
Amount Incurred This Period 0.00	Payment This Period 20956.65	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Colortree Group, Inc.</b>	Nature of Debt (Purpose): Printing
Mailing Address 8000 Villa Park Drive	
City State Zip Code Richmond VA 23228-3028	

Outstanding Balance Beginning This Period 23578.58	<b>Transaction ID : D99781D6444864B</b>	
Amount Incurred This Period 0.00	Payment This Period 23578.58	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1445 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CP Direct</b>	Nature of Debt (Purpose): Printing
Mailing Address 4600A Bonston Way	
City State Zip Code Lanham MD 20706-3028	

Outstanding Balance Beginning This Period 54451.75	<b>Transaction ID : D75B1E46275A54</b>	
Amount Incurred This Period 0.00	Payment This Period 54451.75	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>D &amp; D Unlimited, Inc.</b>	Nature of Debt (Purpose): Printing
Mailing Address 524 Mid Florida Drive Suite 202	
City State Zip Code Orlando FL 32824-3028	

Outstanding Balance Beginning This Period 6870.91	<b>Transaction ID : D6AADC29B5A524</b>	
Amount Incurred This Period 0.00	Payment This Period 6870.91	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>D &amp; D Unlimited, Inc.</b>	Nature of Debt (Purpose): Fulfillment Items - Magnets
Mailing Address 524 Mid Florida Drive Suite 202	
City State Zip Code Orlando FL 32824-3028	

Outstanding Balance Beginning This Period 1395.81	<b>Transaction ID : D6C6F5B82B87A4A</b>	
Amount Incurred This Period 0.00	Payment This Period 1395.81	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1446 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>D &amp; D Unlimited, Inc.</b>	Nature of Debt (Purpose): Fulfillment Items
Mailing Address 524 Mid Florida Drive Suite 202	
City State Zip Code Orlando FL 32824-3028	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D0000000000009</b>	
Amount Incurred This Period <input type="text" value="1116.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1116.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>D &amp; D Unlimited, Inc.</b>	Nature of Debt (Purpose): Printing
Mailing Address 524 Mid Florida Drive Suite 202	
City State Zip Code Orlando FL 32824-3028	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000010</b>	
Amount Incurred This Period <input type="text" value="630.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="630.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DirectMail.com</b>	Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 5351 Ketch Road	
City State Zip Code Prince Frederick MD 20678-3028	

Outstanding Balance Beginning This Period <input type="text" value="5335.55"/>	<b>Transaction ID : D0BE26F041AE24</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5335.55"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1746.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1447 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DirectMail.com</b>	Nature of Debt (Purpose): Printing
Mailing Address 5351 Ketch Road	
City State Zip Code Prince Frederick MD 20678-3028	

Outstanding Balance Beginning This Period 1438.58	<b>Transaction ID : D383AF885678049</b>	
Amount Incurred This Period 0.00	Payment This Period 1438.58	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DirectMail.com</b>	Nature of Debt (Purpose): Other - Shipping
Mailing Address 5351 Ketch Road	
City State Zip Code Prince Frederick MD 20678-3028	

Outstanding Balance Beginning This Period 749.72	<b>Transaction ID : DFD0D010E69134C</b>	
Amount Incurred This Period 0.00	Payment This Period 749.72	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102-3028	

Outstanding Balance Beginning This Period 7887.18	<b>Transaction ID : DE79EE61E1FBF4</b>	
Amount Incurred This Period 0.00	Payment This Period 7887.18	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1448 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Direct Mail - Postage
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102-3028	

Outstanding Balance Beginning This Period 15829.08	<b>Transaction ID : D9588B268A6A948</b>	
Amount Incurred This Period 0.00	Payment This Period 15829.08	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Back-End Cost
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102-3028	

Outstanding Balance Beginning This Period 7024.60	<b>Transaction ID : D7A7555E1B94C4</b>	
Amount Incurred This Period 0.00	Payment This Period 7024.60	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Other - Data Center Invoice
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102-3028	

Outstanding Balance Beginning This Period 2305.65	<b>Transaction ID : D47B3C5676AE94</b>	
Amount Incurred This Period 0.00	Payment This Period 2305.65	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1449 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000011</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000012</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000013</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1450 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000014</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000015</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000016</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1451 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000017</b>	
Amount Incurred This Period 50.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000018</b>	
Amount Incurred This Period 50.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000019</b>	
Amount Incurred This Period 76.52	Payment This Period 0.00	Outstanding Balance at Close of This Period 76.52

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	176.52
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1452 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D0000000000020</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D0000000000021</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D0000000000022</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1453 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000023</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000024</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000025</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1454 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000026</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000027</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000028</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1455 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D0000000000029</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D0000000000030</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D0000000000031</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1456 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000032</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000033</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000034</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1457 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000035</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000036</b>	
Amount Incurred This Period <input type="text" value="100.03"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.03"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000037</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="200.03"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1458 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000038</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000039</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000040</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1459 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000041</b>	
Amount Incurred This Period <input type="text" value="80.03"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="80.03"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000042</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000043</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="180.03"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1460 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000044</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000045</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000046</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1461 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000047</b>	
Amount Incurred This Period 50.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - Postal
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000048</b>	
Amount Incurred This Period 214.44	Payment This Period 0.00	Outstanding Balance at Close of This Period 214.44

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000049</b>	
Amount Incurred This Period 50.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	314.44
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1462 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D0000000000050</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D0000000000051</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D0000000000052</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1463 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000053</b>	
Amount Incurred This Period 50.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000054</b>	
Amount Incurred This Period 50.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000055</b>	
Amount Incurred This Period 50.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	150.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1464 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000056</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000057</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D00000000000058</b>	
Amount Incurred This Period <input type="text" value="50.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="150.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1465 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000059</b>	
Amount Incurred This Period 129.86	Payment This Period 0.00	Outstanding Balance at Close of This Period 129.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000060</b>	
Amount Incurred This Period 178.98	Payment This Period 0.00	Outstanding Balance at Close of This Period 178.98

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Computer - List Maint.
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000061</b>	
Amount Incurred This Period 1927.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 1927.30

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2236.14
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1466 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ECG Data Center</b>	Nature of Debt (Purpose): Other - Data Center Invoice
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D0000000000062</b>	
Amount Incurred This Period 189.14	Payment This Period 0.00	Outstanding Balance at Close of This Period 189.14

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EZTVspots.com</b>	Nature of Debt (Purpose): Ad Production
Mailing Address 25028 104th Avenue SE	
City State Zip Code Kent WA 98030-3028	

Outstanding Balance Beginning This Period 900.00	<b>Transaction ID : DC2FBE0B318AC4</b>	
Amount Incurred This Period 0.00	Payment This Period 900.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Federal Express</b>	Nature of Debt (Purpose): Postage - BRM
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D0000000000063</b>	
Amount Incurred This Period 9.94	Payment This Period 0.00	Outstanding Balance at Close of This Period 9.94

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	199.08
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1467 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>International Data Management, Inc.</b>	Nature of Debt (Purpose): Mailhouse Fulfillment
Mailing Address 490 White Pond Drive	
City State Zip Code Akron OH 44320	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000064</b>	
Amount Incurred This Period 1345.66	Payment This Period 0.00	Outstanding Balance at Close of This Period 1345.66

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>International Data Management, Inc.</b>	Nature of Debt (Purpose): Postage - Fulfillment
Mailing Address 490 White Pond Drive	
City State Zip Code Akron OH 44320	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000065</b>	
Amount Incurred This Period 1613.08	Payment This Period 0.00	Outstanding Balance at Close of This Period 1613.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>International Data Management, Inc.</b>	Nature of Debt (Purpose): Printing - Fulfillment
Mailing Address 490 White Pond Drive	
City State Zip Code Akron OH 44320	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000066</b>	
Amount Incurred This Period 40.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 40.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2998.74
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1468 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>International Data Management, Inc.</b>	Nature of Debt (Purpose): Printing - Fulfillment
Mailing Address 490 White Pond Drive	
City State Zip Code Akron OH 44320-3028	

Outstanding Balance Beginning This Period 40.00	<b>Transaction ID : D89723121930240</b>	
Amount Incurred This Period 0.00	Payment This Period 40.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>International Data Management, Inc.</b>	Nature of Debt (Purpose): Direct Mail - Postage
Mailing Address 490 White Pond Drive	
City State Zip Code Akron OH 44320-3028	

Outstanding Balance Beginning This Period 1921.08	<b>Transaction ID : D1D73CB8FC73944</b>	
Amount Incurred This Period 0.00	Payment This Period 1921.08	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KACO</b>	Nature of Debt (Purpose): Utilities
Mailing Address 1610 Bridges Drive	
City State Zip Code High Point NC 27262-3028	

Outstanding Balance Beginning This Period 690.02	<b>Transaction ID : D67038061450A4</b>	
Amount Incurred This Period 0.00	Payment This Period 690.02	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1469 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MDI Imaging &amp; Mail</b>	Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 21955 Cascades Parkway	
City State Zip Code Dulles VA 20166-3028	

Outstanding Balance Beginning This Period <input type="text" value="144.67"/>	<b>Transaction ID : D704FA1BDCA2142</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="144.67"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MediaUSA</b>	Nature of Debt (Purpose): Billboard
Mailing Address P.O. Box 189	
City State Zip Code Litchfield MN 55355-3028	

Outstanding Balance Beginning This Period <input type="text" value="4800.00"/>	<b>Transaction ID : D5C8DD3ADE66442</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4800.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Omega List Company</b>	Nature of Debt (Purpose): List Rental Expense
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102-3028	

Outstanding Balance Beginning This Period <input type="text" value="68792.91"/>	<b>Transaction ID : DD104E864F5CC40</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="68792.91"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1470 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Omega List Company</b>	Nature of Debt (Purpose): Online Advertising
Mailing Address 1420 Spring Hill Road Suite 490	
City State Zip Code McLean VA 22102-3028	

Outstanding Balance Beginning This Period 23428.28	<b>Transaction ID : DA6F02C20375940</b>	
Amount Incurred This Period 0.00	Payment This Period 23428.28	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pinkston Digital Inc</b>	Nature of Debt (Purpose): Web Design & Development
Mailing Address 5270 Shawnee Road Suite 102	
City State Zip Code Alexandria VA 22312-3028	

Outstanding Balance Beginning This Period 12045.69	<b>Transaction ID : DF949F2F39C314</b>	
Amount Incurred This Period 0.00	Payment This Period 12045.69	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>	Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 1272 Corporate Park Road	
City State Zip Code Forest VA 24551-3028	

Outstanding Balance Beginning This Period 53056.10	<b>Transaction ID : D71B6FAD3DD164</b>	
Amount Incurred This Period 0.00	Payment This Period 53056.10	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1471 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>	Nature of Debt (Purpose): Postage - MS Inv Adjustment
Mailing Address 1272 Corporate Park Road	
City State Zip Code Forest VA 24551-3028	

Outstanding Balance Beginning This Period 643.02	<b>Transaction ID : D866C402F26354</b>	
Amount Incurred This Period 0.00	Payment This Period 643.02	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>	Nature of Debt (Purpose): Printing
Mailing Address 1272 Corporate Park Road	
City State Zip Code Forest VA 24551-3028	

Outstanding Balance Beginning This Period 21781.00	<b>Transaction ID : D055DD72545A94B</b>	
Amount Incurred This Period 0.00	Payment This Period 21781.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RST Marketing</b>	Nature of Debt (Purpose): Other - Shipping
Mailing Address 1272 Corporate Park Road	
City State Zip Code Forest VA 24551-3028	

Outstanding Balance Beginning This Period 3455.56	<b>Transaction ID : D0A6F1B5977CF4</b>	
Amount Incurred This Period 0.00	Payment This Period 3455.56	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1472 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sisk Fulfillment Services</b>	Nature of Debt (Purpose): Storage
Mailing Address 1900 Industrial Park Drive	
City State Zip Code Federalburg MD 21632-3028	

Outstanding Balance Beginning This Period 255.00	<b>Transaction ID : D64F354D965E845</b>	
Amount Incurred This Period 0.00	Payment This Period 255.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sisk Fulfillment Services</b>	Nature of Debt (Purpose): Direct Mail - Postage
Mailing Address 1900 Industrial Park Drive	
City State Zip Code Federalburg MD 21632-3028	

Outstanding Balance Beginning This Period 11955.33	<b>Transaction ID : D620B01B6971A45</b>	
Amount Incurred This Period 0.00	Payment This Period 11955.33	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sisk Fulfillment Services</b>	Nature of Debt (Purpose): Other - STORAGE
Mailing Address 1900 Industrial Park Drive	
City State Zip Code Federalburg MD 21632-3028	

Outstanding Balance Beginning This Period 285.00	<b>Transaction ID : D1DEF87732C894D</b>	
Amount Incurred This Period 0.00	Payment This Period 285.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1473 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sisk Fulfillment Services</b>	Nature of Debt (Purpose): Other - STORAGE
Mailing Address 1900 Industrial Park Drive	
City State Zip Code Federalburg MD 21632-3028	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000067</b>	
Amount Incurred This Period 195.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 195.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Southeastern Freight Lines</b>	Nature of Debt (Purpose): Other - Boxed Luggage Tags
Mailing Address 42 Sage Lane	
City State Zip Code Falmouth VA 22405-3028	

Outstanding Balance Beginning This Period 1090.91	<b>Transaction ID : DDF8FF922F82646</b>	
Amount Incurred This Period 0.00	Payment This Period 1090.91	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Southwest Publishing &amp; Mailing</b>	Nature of Debt (Purpose): Printing
Mailing Address 4000 SE Adams Street	
City State Zip Code Topeka KS 66609-3028	

Outstanding Balance Beginning This Period 9488.55	<b>Transaction ID : D08FDD61C24634A</b>	
Amount Incurred This Period 0.00	Payment This Period 9488.55	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	195.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1474 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Southwest Publishing &amp; Mailing</b>	Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 4000 SE Adams Street	
City State Zip Code Topeka KS 66609-3028	

Outstanding Balance Beginning This Period 12513.35	<b>Transaction ID : D1220E70C9E974</b>	
Amount Incurred This Period 0.00	Payment This Period 12513.35	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The UPS Store</b>	Nature of Debt (Purpose): Postage
Mailing Address 8805 Chambery Boulevard Suite 300	
City State Zip Code Johnston IA 50131-3028	

Outstanding Balance Beginning This Period 12040.34	<b>Transaction ID : DE7555F56F6DD4</b>	
Amount Incurred This Period 0.00	Payment This Period 12040.34	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Tri State Envelope Corp.</b>	Nature of Debt (Purpose): Printing
Mailing Address 6900 Faigle Road	
City State Zip Code Beltsville MD 20705-3028	

Outstanding Balance Beginning This Period 15725.54	<b>Transaction ID : DD4B256F7BF514</b>	
Amount Incurred This Period 0.00	Payment This Period 15725.54	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1475 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Washington Intelligence Bureau</b>	Nature of Debt (Purpose): Back-End Cost
Mailing Address 4128 Pepsi Place	
City State Zip Code Chantilly VA 20151-3028	

Outstanding Balance Beginning This Period 2289.20	<b>Transaction ID : D8AEDBEFB2A504A</b>	
Amount Incurred This Period 0.00	Payment This Period 2289.20	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Washington Intelligence Bureau</b>	Nature of Debt (Purpose): Bookkeeping
Mailing Address 4128 Pepsi Place	
City State Zip Code Chantilly VA 20151-3028	

Outstanding Balance Beginning This Period 6614.41	<b>Transaction ID : D86F753BD69E14</b>	
Amount Incurred This Period 0.00	Payment This Period 6614.41	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Washington Intelligence Bureau</b>	Nature of Debt (Purpose): Other - Shipping
Mailing Address 4128 Pepsi Place	
City State Zip Code Chantilly VA 20151-3028	

Outstanding Balance Beginning This Period 596.41	<b>Transaction ID : D4280D685036F4</b>	
Amount Incurred This Period 0.00	Payment This Period 596.41	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1476 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Washington Intelligence Bureau</b>	Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 4128 Pepsi Place	
City State Zip Code Chantilly VA 20151-3028	

Outstanding Balance Beginning This Period 596.41	<b>Transaction ID : D2A9DE606420B4</b>	
Amount Incurred This Period 0.00	Payment This Period 596.41	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Washington Intelligence Bureau</b>	Nature of Debt (Purpose): Other - SHIPPING
Mailing Address 4128 Pepsi Place	
City State Zip Code Chantilly VA 20151-3028	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D00000000000068</b>	
Amount Incurred This Period 324.42	Payment This Period 0.00	Outstanding Balance at Close of This Period 324.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>William J. Olson, p.c.</b>	Nature of Debt (Purpose): Legal Fees
Mailing Address 370 Maple Avenue W Suite 4	
City State Zip Code Vienna VA 22180-3028	

Outstanding Balance Beginning This Period 15734.87	<b>Transaction ID : D4D91C53B437945</b>	
Amount Incurred This Period 0.00	Payment This Period 15734.87	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	324.42
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1477 OF 1531
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The 2016 Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ZIP Mailing Services, Inc.</b>	Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 6304 Sherriff Road Suite Z	
City State Zip Code Landover MD 20785-3028	

Outstanding Balance Beginning This Period 21222.90	<b>Transaction ID : D5767E0C533254</b>	
Amount Incurred This Period 0.00	Payment This Period 21222.90	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	14523.78
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	14523.78

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The 2016 Committee
FEC IDENTIFICATION NUMBER
C C00569905
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
CAMPAIGN FUNDING DIRECT
Mailing Address
1420 SPRING HILL ROAD
SUITE 490
City
MCLEAN State
VA Zip Code
22102-3028
Purpose of Expenditure
AGENCY FEES - CONSULTING - DIRECT MAIL
Category/Type
004
Name of Federal Candidate
DR. BEN CARSON
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
355371.08
Date of Public Distribution/Dissemination
01 / 04 / 2016
Amount
17778.06
Transaction ID : SE24.91628
Date of Disbursement or Obligation
01 / 04 / 2016

Full Name of Payee
CAMPAIGN FUNDING DIRECT
Mailing Address
1420 SPRING HILL ROAD
SUITE 490
City
MCLEAN State
VA Zip Code
22102-3028
Purpose of Expenditure
AGENCY FEES - CONSULTING - DIRECT MAIL
Category/Type
004
Name of Federal Candidate
DR. BEN CARSON
Office Sought:
President
Disbursement For:
Primary
Calendar Year-To-Date
Per Election for Office Sought
355371.08
Date of Public Distribution/Dissemination
01 / 18 / 2016
Amount
12555.79
Transaction ID : SE24.91653
Date of Disbursement or Obligation
01 / 18 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 30333.85
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
ROBERT FRANK
[Electronically Filed]
Date 01 / 04 / 2016
Signature

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91628

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$348.59 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91653

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$246.19 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">12000.00</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91654</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Purpose of Expenditure ONLINE FEES - CONSULTING	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">119.45</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91656</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Purpose of Expenditure FULFILLMENT ITEMS - JACKETS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">12119.45</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 18 / 2016

Signature \_\_\_\_\_



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91654

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$235.29 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91656

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$2.34 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CAMPAIGN FUNDING DIRECT</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">295.00</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91670</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Purpose of Expenditure AGENCY FEES - CONSULTING - DIRECT MAIL	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CHOCKLETT PRESS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 2922 NICHOLAS AVE	Amount <span style="border: 1px solid black; padding: 2px;">4154.94</span>
City State Zip Code ROANOKE VA 24012	<b>Transaction ID : SE24.91657</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Purpose of Expenditure FULFILLMENT ITEMS - BOOKLETS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">4449.94</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2016

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91670

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$5.78 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91657

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$81.47 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CHOCKLETT PRESS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>01 / 26 / 2016</b>
Mailing Address 2922 NICHOLAS AVE	Amount <b>20956.65</b>
City State Zip Code <b>ROANOKE VA 24012</b>	<b>Transaction ID : SE24.91671</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>01 / 26 / 2016</b>
Purpose of Expenditure <b>PRINTING</b> Category/Type <b>004</b>	Name of Federal Candidate <b>DR. BEN CARSON</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>355371.08</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CLEAR CHANNEL OUTDOOR</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>01 / 20 / 2016</b>
Mailing Address PO BOX 591790	Amount <b>11300.00</b>
City State Zip Code <b>SAN ANTONIO TX 78258</b>	<b>Transaction ID : SE24.91584</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>01 / 20 / 2016</b>
Purpose of Expenditure <b>BILLBOARD</b> Category/Type <b>004</b>	Name of Federal Candidate <b>DR. BEN CARSON</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>208540.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>32256.65</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 26 / 2016**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91671

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$410.91 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00569905
--	--

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>CLEAR CHANNEL OUTDOOR</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> <b>02 / 01 / 2016</b>	
Mailing Address PO BOX 591790		Amount <input type="text" value="2440.00"/>	
City SAN ANTONIO	State TX	Zip Code 78258	<b>Transaction ID : SE24.91589</b>
Purpose of Expenditure BILLBOARD	Category/ Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> <b>02 / 01 / 2016</b>	
Name of Federal Candidate DR. BEN CARSON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="208540.00"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>COLORTREE GROUP, INC.</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> <b>01 / 04 / 2016</b>	
Mailing Address 8000 VILLA PARK DRIVE		Amount <input type="text" value="23578.58"/>	
City RICHMOND	State VA	Zip Code 23228-6500	<b>Transaction ID : SE24.91629</b>
Purpose of Expenditure PRINTING	Category/ Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/> <b>01 / 04 / 2016</b>	
Name of Federal Candidate DR. BEN CARSON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="355371.08"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text" value="26018.58"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK* [Electronically Filed] Date  /  /   
**02 / 01 / 2016**

Signature \_\_\_\_\_

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 HCB

Form/Schedule: SE

Transaction ID : SE24.91629

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$462.33 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CP DIRECT</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Mailing Address 4600A BONSTON WAY 4600A BOSTON WAY	Amount <span style="border: 1px solid black; padding: 2px;">22677.25</span>
City State Zip Code LANHAM MD 20706-4858	<b>Transaction ID : SE24.91630</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Purpose of Expenditure PRINTING Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate DR. BEN CARSON <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CP DIRECT</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 4600A BONSTON WAY 4600A BOSTON WAY	Amount <span style="border: 1px solid black; padding: 2px;">2944.00</span>
City State Zip Code LANHAM MD 20706-4858	<b>Transaction ID : SE24.91658</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Purpose of Expenditure PRINTING Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate DR. BEN CARSON <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">25621.25</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 04 / 2016

Signature



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91630

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$444.65 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91658

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$57.73 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>CP DIRECT</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Mailing Address 4600A BONSTON WAY 4600A BOSTON WAY	Amount <span style="border: 1px solid black; padding: 2px;">12492.50</span>
City State Zip Code LANHAM MD 20706-4858	<b>Transaction ID : SE24.91672</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Purpose of Expenditure PRINTING Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate DR. BEN CARSON <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>DIRECT ANSWER</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 02 / 04 / 2016
Mailing Address 414 SMOKEY HOLLOW ROAD	Amount <span style="border: 1px solid black; padding: 2px;">175.00</span>
City State Zip Code CAPON BRIDGE WV 26711-2401	<b>Transaction ID : SE24.91590</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 02 / 04 / 2016
Purpose of Expenditure GRAPHICS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate DR. BEN CARSON <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">12667.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2016

Signature \_\_\_\_\_

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91672

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$244.95 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91590

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$3.50 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>DIRECTMAIL.COM</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Mailing Address 5351 KETCH ROAD		Amount <span style="border: 1px solid black; padding: 2px;">5335.55</span>
City PRINCE FREDERICK	State MD	Zip Code 20678-3470
Purpose of Expenditure PRINTING	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE24.91631</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>DIRECTMAIL.COM</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Mailing Address 5351 KETCH ROAD		Amount <span style="border: 1px solid black; padding: 2px;">1438.58</span>
City PRINCE FREDERICK	State MD	Zip Code 20678-3470
Purpose of Expenditure PRINTING	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE24.91632</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">6774.13</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 04 / 2016

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91631

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$104.62 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91632

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$28.21 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee <b>ECG DATA CENTER</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 01 / 04 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">3879.60</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91634</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 01 / 04 / 2016
Purpose of Expenditure DIRECT MAIL - LIST MAINTENANCE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>ECG DATA CENTER</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 01 / 04 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">8134.90</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91635</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 01 / 04 / 2016
Purpose of Expenditure POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">12014.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ROBERT FRANK  
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y  
01 / 04 / 2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91634

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$76.07 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91635

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$159.51 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>ECG DATA CENTER</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">1485.85</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91659</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Purpose of Expenditure POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>ECG DATA CENTER</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">525.63</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91660</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Purpose of Expenditure DIRECT MAIL - LIST MAINTENANCE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2011.48</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 18 / 2016

Signature \_\_\_\_\_



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91659

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$29.13 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91660

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$10.31 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>ECG DATA CENTER</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">5911.71</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91673</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Purpose of Expenditure POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>ECG DATA CENTER</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">1088.88</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91674</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Purpose of Expenditure DIRECT MAIL - LIST MAINTENANCE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">7000.59</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2016

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91673

The expenditures made to support this candidate were done on a nationwide basis and did not focus n any particular state or a group of states. \$115.92 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91674

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$21.35 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>EZTVSPOTS.COM</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 07 / 2016
Mailing Address P.O. BOX 6145	Amount <span style="border: 1px solid black; padding: 2px;">900.00</span>
City State Zip Code KENT WA 98064	
Purpose of Expenditure AD PRODUCTION	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 07 / 2016
Name of Federal Candidate DR. BEN CARSON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<span style="border: 1px solid black; padding: 2px;">900.00</span>	

Full Name of Payee <b>INTERNATIONAL DATA MANAGEMENT</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Mailing Address 490 WHITE POND DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City State Zip Code AKRON OH 44320-1122	
Purpose of Expenditure PRINTING	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Name of Federal Candidate DR. BEN CARSON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<span style="border: 1px solid black; padding: 2px;">355371.08</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">940.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 07 / 2016

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91638

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$0.78 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>INTERNATIONAL DATA MANAGEMENT</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016	
Mailing Address 490 WHITE POND DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">1851.22</span>	
City AKRON	State OH	Zip Code 44320-1122	<b>Transaction ID : SE24.91675</b>
Purpose of Expenditure POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016	
Name of Federal Candidate DR. BEN CARSON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>MDI IMAGING &amp; MAIL</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 04 / 2016	
Mailing Address 21955 CASCADES PARKWAY		Amount <span style="border: 1px solid black; padding: 2px;">82.22</span>	
City DULLES	State VA	Zip Code 20166-9211	<b>Transaction ID : SE24.91639</b>
Purpose of Expenditure PRINTING	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 04 / 2016	
Name of Federal Candidate DR. BEN CARSON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1933.44</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91675

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$36.30 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91639

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1.61 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MEDIA USA</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>01 / 14 / 2016</b>
Mailing Address PO BOX 189	Amount <b>4800.00</b>
City State Zip Code <b>LITCHFIELD MN 55355</b>	
Purpose of Expenditure <b>BILLBOARD</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>01 / 14 / 2016</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<b>208540.00</b>	

Full Name of Payee <b>OMEGA LIST COMPANY</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>01 / 04 / 2016</b>
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <b>18002.82</b>
City State Zip Code <b>MCLEAN VA 22102-3028</b>	
Purpose of Expenditure <b>LIST RENTAL EXPENSES</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>01 / 04 / 2016</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<b>355371.08</b>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>22802.82</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ROBERT FRANK [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 14 / 2016**

Signature



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91640

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$352.99 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>OMEGA LIST COMPANY</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">23428.28</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91641</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Purpose of Expenditure ONLINE ADVERTISING	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>OMEGA LIST COMPANY</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">6782.38</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91662</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Purpose of Expenditure LIST RENTAL EXPENSES	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">30210.66</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ROBERT FRANK [Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
01 / 04 / 2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91641

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$459.38 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91662

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$132.99 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>OMEGA LIST COMPANY</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Mailing Address 1420 SPRING HILL ROAD SUITE 490	Amount <span style="border: 1px solid black; padding: 2px;">10483.55</span>
City State Zip Code MCLEAN VA 22102-3028	<b>Transaction ID : SE24.91676</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Purpose of Expenditure LIST RENTAL EXPENSES	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>RST MARKETING</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Mailing Address 1272 CORPORATE PARK ROAD	Amount <span style="border: 1px solid black; padding: 2px;">3346.07</span>
City State Zip Code FOREST VA 24551-2277	<b>Transaction ID : SE24.91642</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Purpose of Expenditure DIRECT MAIL - PRINTING	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">13829.62</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2016

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91676

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$205.56 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91642

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$65.61 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold;">C</span> C00569905                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item <b>RST MARKETING</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      01 / 04 / 2016                 </div>
Mailing Address 1272 CORPORATE PARK ROAD	Amount <div style="border: 1px solid black; padding: 2px;">                     1615.00                 </div>
City State Zip Code FOREST VA 24551-2277	<b>Transaction ID : SE24.91643</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      01 / 04 / 2016                 </div>
Purpose of Expenditure PRINTING	Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose DR. BEN CARSON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">                     355371.08                 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>RST MARKETING</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      01 / 18 / 2016                 </div>
Mailing Address 1272 CORPORATE PARK ROAD	Amount <div style="border: 1px solid black; padding: 2px;">                     18000.00                 </div>
City State Zip Code FOREST VA 24551-2277	<b>Transaction ID : SE24.91663</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      01 / 18 / 2016                 </div>
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose DR. BEN CARSON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">                     355371.08                 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                     19615.00                 </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                     _____                 </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                     _____                 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

\_\_\_\_\_  
 Signature

ROBERT FRANK  
 [Electronically Filed]

Date 

MM / DD / YYYY  
 01 / 04 / 2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91643

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$31.67 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91663

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$352.94 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>RST MARKETING</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Mailing Address 1272 CORPORATE PARK ROAD	Amount <span style="border: 1px solid black; padding: 2px;">3800.00</span>
City State Zip Code FOREST VA 24551-2277	<b>Transaction ID : SE24.91677</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>RST MARKETING</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 28 / 2016
Mailing Address 1272 CORPORATE PARK ROAD	Amount <span style="border: 1px solid black; padding: 2px;">14300.00</span>
City State Zip Code FOREST VA 24551-2277	<b>Transaction ID : SE24.91680</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 28 / 2016
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">18100.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 26 / 2016



: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91677

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$74.51 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91680

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$280.39 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>SAVANNA COMMUNICATIONS, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 07 / 2016	
Mailing Address <b>755 SONNE DRIVE</b>		Amount <span style="border: 1px solid black; padding: 2px;">93500.00</span>	
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21041</b>	<b>Transaction ID : SE24.91588</b>
Purpose of Expenditure <b>TELEVISION ADVERTISING</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 07 / 2016	
Name of Federal Candidate <b>DR. BEN CARSON</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">208540.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>SAVANNA COMMUNICATIONS, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 14 / 2016	
Mailing Address <b>755 SONNE DRIVE</b>		Amount <span style="border: 1px solid black; padding: 2px;">6500.00</span>	
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21041</b>	<b>Transaction ID : SE24.1238</b>
Purpose of Expenditure <b>TELEVISION ADVERTISING</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 14 / 2016	
Name of Federal Candidate <b>DR. BEN CARSON</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">208540.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">100000.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 07 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>SAVANNA COMMUNICATIONS, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 20 / 2016
Mailing Address 755 SONNE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">15000.00</span>
City State Zip Code ANNAPOLIS MD 21041	
Purpose of Expenditure MEDIA BUYS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">208540.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>SAVANNA COMMUNICATIONS, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 20 / 2016
Mailing Address 755 SONNE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">28500.00</span>
City State Zip Code ANNAPOLIS MD 21041	
Purpose of Expenditure AD PRODUCTION	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">208540.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">43500.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ROBERT FRANK [Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
01 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>SAVANNA COMMUNICATIONS, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016
Mailing Address 755 SONNE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">17250.00</span>
City State Zip Code ANNAPOLIS MD 21041	
Purpose of Expenditure SOCIAL MEDIA ADVERTISING	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">208540.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : SE24.91591**

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

Full Name of Payee <b>SAVANNA COMMUNICATIONS, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016
Mailing Address 755 SONNE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">28750.00</span>
City State Zip Code ANNAPOLIS MD 21041	
Purpose of Expenditure DIGITAL ADVERTISING	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">208540.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : SE24.91592**

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">46000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ROBERT FRANK [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>SAVANNA COMMUNICATIONS, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016	
Mailing Address <b>755 SONNE DRIVE</b>		Amount <span style="border: 1px solid black; padding: 2px;">4000.00</span>	
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21041</b>	<b>Transaction ID : SE24.91593</b>
Purpose of Expenditure <b>ADVERTISEMENT PRODUCTION</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 11 / 2016
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>SAVANNA COMMUNICATIONS, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016	
Mailing Address <b>755 SONNE DRIVE</b>		Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>	
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21041</b>	<b>Transaction ID : SE24.91594</b>
Purpose of Expenditure <b>SOCIAL MEDIA ADVERTISING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 11 / 2016
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">208540.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">4500.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91593

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$81.63 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>SAVANNA COMMUNICATIONS, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016	
Mailing Address <b>755 SONNE DRIVE</b>		Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>	
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21041</b>	<b>Transaction ID : SE24.91595</b>
Purpose of Expenditure <b>SOCIAL MEDIA ADVERTISING</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 11 / 2016	
Name of Federal Candidate <b>DR. BEN CARSON</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5000.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>SAVANNA COMMUNICATIONS, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 16 / 2016	
Mailing Address <b>755 SONNE DRIVE</b>		Amount <span style="border: 1px solid black; padding: 2px;">55000.00</span>	
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21041</b>	<b>Transaction ID : SE24.91626</b>
Purpose of Expenditure <b>MEDIA BUYS</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 16 / 2016	
Name of Federal Candidate <b>DR. BEN CARSON</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>SC</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">60500.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">60000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 11 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
--	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>SAVANNA COMMUNICATIONS, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 16 / 2016
Mailing Address <b>755 SONNE DRIVE</b>		Amount <span style="border: 1px solid black; padding: 2px;">5500.00</span>
City <b>ANNAPOLIS</b> State <b>MD</b> Zip Code <b>21041</b>	<b>Transaction ID : SE24.91627</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 16 / 2016	
Purpose of Expenditure <b>SOCIAL MEDIA ADVERTISING</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate <b>DR. BEN CARSON</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>SC</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">60500.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>SISK FULFILLMENT SERVICES</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 04 / 2016
Mailing Address <b>1900 INDUSTRIAL PARK DR.</b>		Amount <span style="border: 1px solid black; padding: 2px;">9016.74</span>
City <b>FEDERALSBURG</b> State <b>MD</b> Zip Code <b>21632-2667</b>	<b>Transaction ID : SE24.91646</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 04 / 2016	
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate <b>DR. BEN CARSON</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">14516.74</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
02 / 16 / 2016



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91646

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$176.80 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>SISK FULFILLMENT SERVICES</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 1900 INDUSTRIAL PARK DR.	Amount <span style="border: 1px solid black; padding: 2px;">2938.59</span>
City State Zip Code FEDERALSBURG MD 21632-2667	<b>Transaction ID : SE24.91664</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>SISK FULFILLMENT SERVICES</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Mailing Address 1900 INDUSTRIAL PARK DR.	Amount <span style="border: 1px solid black; padding: 2px;">17974.52</span>
City State Zip Code FEDERALSBURG MD 21632-2667	<b>Transaction ID : SE24.91678</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 26 / 2016
Purpose of Expenditure POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">20913.11</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ROBERT FRANK [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 18 / 2016

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91664

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$57.62 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91678

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$352.44 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>TRI STATE ENVELOPE CORP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Mailing Address 6900 FAIGLE ROAD	Amount <span style="border: 1px solid black; padding: 2px;">2575.48</span>
City State Zip Code BELTSVILLE MD 20705-1313	<b>Transaction ID : SE24.91665</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 18 / 2016
Purpose of Expenditure PRINTING	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN FRANK	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>USPS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 08 / 2016
Mailing Address 5874 MERLE HAY RD	Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>
City State Zip Code JOHNSTON IA 50131-8101	<b>Transaction ID : SE24.91652</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 08 / 2016
Purpose of Expenditure POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate DR. BEN CARSON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">3575.48</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 18 / 2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91665

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$50.50 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91652

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$19.61 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>USPS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 22 / 2016
Mailing Address 5874 MERLE HAY RD	Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>
City State Zip Code JOHNSTON IA 50131-8101	<b>Transaction ID : SE24.91669</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 22 / 2016
Purpose of Expenditure POSTAGE Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate DR. BEN CARSON <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate DR. BEN CARSON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>USPS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 28 / 2016
Mailing Address 5874 MERLE HAY RD	Amount <span style="border: 1px solid black; padding: 2px;">925.00</span>
City State Zip Code JOHNSTON IA 50131-8101	<b>Transaction ID : SE24.91679</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 28 / 2016
Purpose of Expenditure POSTAGE Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate DR. BEN CARSON <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate DR. BEN CARSON	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1925.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 22 / 2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91669

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$19.61 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91679

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$18.14 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>VALTIM</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>01 / 28 / 2016</b>
Mailing Address POST OFFICE BOX 809 1095 VENTUR POST OFFICE BOX 809 1095 VENTUR	Amount <span style="border: 1px solid black; padding: 2px;">50400.00</span>
City State Zip Code <b>FOREST VA 24551</b>	<b>Transaction ID : SE24.91681</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>01 / 28 / 2016</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b> Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate <b>DR. BEN CARSON</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>ZIP MAILING SERVICES, INC.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>01 / 04 / 2016</b>
Mailing Address 6304 SHERIFF RD. STE Z STE Z	Amount <span style="border: 1px solid black; padding: 2px;">5431.29</span>
City State Zip Code <b>LANDOVER MD 20785-4361</b>	<b>Transaction ID : SE24.91650</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>01 / 04 / 2016</b>
Purpose of Expenditure <b>DIRECT MAIL - PRINTING</b> Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate <b>DR. BEN CARSON</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">55831.29</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK*  
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 28 / 2016**



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91681

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$988.24 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.91650

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$106.50 has been allocated equally to each of the remaining schedule primary elections.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00569905
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>ZIP MAILING SERVICES, INC.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>01 / 04 / 2016</b>
Mailing Address <b>6304 SHERIFF RD. STE Z STE Z</b>	Amount <span style="border: 1px solid black; padding: 2px;">850.00</span>
City State Zip Code <b>LANDOVER MD 20785-4361</b>	<b>Transaction ID : SE24.91651</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>01 / 04 / 2016</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b> Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate <b>DR. BEN CARSON</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">355371.08</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Mailing Address	Amount <span style="border: 1px solid black; padding: 2px;"></span>
City State Zip Code	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 2016

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">850.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">630311.08</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*ROBERT FRANK* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 04 / 2016**

Signature \_\_\_\_\_

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.91651

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$16.67 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:

Transaction ID: