

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

Thomas Massie for Congress

ADDRESS (number and street) ▼

PO Box 821

Check if different than previously reported. (ACC)

Newport

KY

41072

2. **FEC IDENTIFICATION NUMBER** ▼

C C00509729

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

KY

04

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

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer Kevin Broghamer

Signature of Treasurer Kevin Broghamer

[Electronically Filed]

Date

/ /

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

Office Use Only							
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Thomas Massie for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	39188.96	78539.44
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	39188.96	78539.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	25367.81	119319.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	495.1	2465.04
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	24872.71	116854.4
8. Cash on Hand at Close of Reporting Period (from Line 27).....	237004.03	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Thomas Massie for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	30250	51850
(ii) Unitemized	1438.96	2989.44
(iii) TOTAL of contributions from individuals	31688.96	54839.44
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	7500	23700
(d) The Candidate	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	39188.96	78539.44
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	53000	53000
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	495.1	2465.04
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	92684.06	134004.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25367.81	119319.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	25000	31000
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	50367.81	150319.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	194687.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	92684.06
25. SUBTOTAL (add Line 23 and Line 24).....	287371.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50367.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	237004.03

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

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

FOR LINE NUMBER: PAGE 5 OF 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Cyan S. Banister

Mailing Address **PO Box 997**

City **Half Moon Bay** State **CA** Zip Code **94019-0997**

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

Name of Employer **AngelList** Occupation **Ev'angel'ist**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : A-CF6808

Amount of Each Receipt this Period
5400

Reattribution/Redesignation requested

B. Full Name (Last, First, Middle Initial)
Cyan S. Banister

Mailing Address **PO Box 997**

City **Half Moon Bay** State **CA** Zip Code **94019-0997**

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

Name of Employer **AngelList** Occupation **Ev'angel'ist**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-MCNF117

Amount of Each Receipt this Period
-2700

Redesignation from primary
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Cyan S. Banister

Mailing Address **PO Box 997**

City **Half Moon Bay** State **CA** Zip Code **94019-0997**

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

Name of Employer **AngelList** Occupation **Ev'angel'ist**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-MCNF118

Amount of Each Receipt this Period
2700

Redesignation to general
[MEMO ITEM]

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Scott Banister

Mailing Address PO Box 997

City Half Moon Bay State CA Zip Code 94019-0997

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

Name of Employer Self-Employed Occupation Startup Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015

Transaction ID : A-CF6680

Amount of Each Receipt this Period
5400

Reattribution/Redesignation requested

B. Full Name (Last, First, Middle Initial)
Scott Banister

Mailing Address PO Box 997

City Half Moon Bay State CA Zip Code 94019-0997

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

Name of Employer Self-Employed Occupation Startup Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2015

Transaction ID : A-MCNF111

Amount of Each Receipt this Period
-2700

Redesignation from primary
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Scott Banister

Mailing Address PO Box 997

City Half Moon Bay State CA Zip Code 94019-0997

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

Name of Employer Self-Employed Occupation Startup Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2015

Transaction ID : A-MCNF112

Amount of Each Receipt this Period
2700

Redesignation to general
[MEMO ITEM]

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Edward Bessler

Mailing Address 8 Rosemont Drive

City State Zip Code
Crestview Hills KY 41017-2214

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

Name of Employer Occupation
New Horizon Inc. President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A-CF6683

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
James E. Brueggemann

Mailing Address 12665 McCoys Fork Road

City State Zip Code
Walton KY 41094-9592

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

Name of Employer Occupation
Bavarian President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : A-CF6775

Amount of Each Receipt this Period
5400

Reattribution/Redesignation requested

C. Full Name (Last, First, Middle Initial)
James E. Brueggemann

Mailing Address 12665 McCoys Fork Road

City State Zip Code
Walton KY 41094-9592

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

Name of Employer Occupation
Bavarian President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 12 / 2015

Transaction ID : A-MCNF113

Amount of Each Receipt this Period
-2700

Reattribution from spouse
[MEMO ITEM]

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

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

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
John Brueggemann

Mailing Address 1970 Yale Avenue

City Independence State KY Zip Code 41051-7553

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

Name of Employer Bavarian Trucking Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : A-CF6777

Amount of Each Receipt this Period
 5400

Reattribution/Redesignation requested

B. Full Name (Last, First, Middle Initial)
John Brueggemann

Mailing Address 1970 Yale Avenue

City Independence State KY Zip Code 41051-7553

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

Name of Employer Bavarian Trucking Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2015

Transaction ID : A-MCNF115

Amount of Each Receipt this Period
 -2700

Reattribution from spouse
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Lisa Brueggemann

Mailing Address 1970 Yale Avenue

City Independence State KY Zip Code 41051-7553

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2015

Transaction ID : A-MCNF116

Amount of Each Receipt this Period
 2700

Reattribution to spouse
[MEMO ITEM]

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Maria S. Brueggemann

Mailing Address 12665 McCoys Fork Road

City Walton State KY Zip Code 41094-9592

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2015

Transaction ID : A-MCNF114

Amount of Each Receipt this Period
 2700

Reattribution to spouse

[MEMO ITEM]

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

Mailing Address 3039 Eridu Lane

City Dover State KY Zip Code 41034-9712

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : A-CF6731

Amount of Each Receipt this Period
 250

C. Full Name (Last, First, Middle Initial)
Michael T. Rydin

Mailing Address 5500 Holly Street

City Houston State TX Zip Code 77081-7410

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

Name of Employer HCSS Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : A-CF6684

Amount of Each Receipt this Period
 2000

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Dan Schwinn

Mailing Address PO Box 511028

City Melbourne Beach State FL Zip Code 32951-1028

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

Name of Employer Avidyne Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : A-CF6780

Amount of Each Receipt this Period
2700

B. Full Name (Last, First, Middle Initial)
Dan Schwinn

Mailing Address PO Box 511028

City Melbourne Beach State FL Zip Code 32951-1028

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

Name of Employer Avidyne Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : A-CF6781

Amount of Each Receipt this Period
2700

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5400.00

30250.00

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

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

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Citizens United Political Victory Fund

Mailing Address 1006 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-2142

FEC ID number of contributing federal political committee. **C C00295527**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : A-CF6742

Amount of Each Receipt this Period
2500

B. Full Name (Last, First, Middle Initial)
Hardwood Federation PAC, Inc

Mailing Address 1111 19th Street NW Suite 800

City Washington State DC Zip Code 20036-3652

FEC ID number of contributing federal political committee. **C C00396671**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF6810

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
John Dennis for Congress 2014

Mailing Address PO Box 984

City Willows State CA Zip Code 95988-0984

FEC ID number of contributing federal political committee. **C C00554337**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : A-CF6774

Amount of Each Receipt this Period
500

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

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

4000.00

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

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

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. National Association of Realtors PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 N Michigan Avenue
 City Chicago State IL Zip Code 60611-4011
 FEC ID number of contributing federal political committee. **C** C00030718
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : A-CF6827
 Amount of Each Receipt this Period
 1000

B. SARAH PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7711
 City Arlington State VA Zip Code 22207-0711
 FEC ID number of contributing federal political committee. **C** C00458588
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : A-CF6681
 Amount of Each Receipt this Period
 500

C. Wine and Spirits Wholesalers of America, Inc. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 15th Street NW Suite 430
 City Washington State DC Zip Code 20005-2273
 FEC ID number of contributing federal political committee. **C** C00147173
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : A-CF6741
 Amount of Each Receipt this Period
 2000

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

3500.00
 7500.00

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

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

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Freedomworks Victory Committee

Mailing Address 1390 Chain Bridge Road
Suite 515

City State Zip Code
Mc Lean VA 22101-3904

FEC ID number of contributing federal political committee. **C** C00580233

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
53000

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : A-TF6782

Amount of Each Receipt this Period
18000

Transfer of Joint Fundraising Proceeds

B. Full Name (Last, First, Middle Initial)
Corinne Spence

Mailing Address 1508 Eureka Road
Suite 200

City State Zip Code
Roseville CA 95661-2881

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : A-TIP19

Amount of Each Receipt this Period
2700

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
Transfer Memo of Freedomworks Victory Committee (6/30/2015)

C. Full Name (Last, First, Middle Initial)
Bobby Haynes

Mailing Address 791 Baker Road

City State Zip Code
Smyrna TN 37167-5194

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

Name of Employer Occupation
Tennessee Ind. Electronics Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : A-TIP20

Amount of Each Receipt this Period
2700

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
Transfer Memo of Freedomworks Victory Committee (6/30/2015)

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

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

18000.00

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

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

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Felicia Haynes		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 791 Baker Road		Transaction ID : A-TIP21	
City Smyrna	State TN	Zip Code 37167-5194	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700	
Name of Employer Tennessee Ind. Electronics	Occupation Business Owner		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400		
		Transfer of Joint Fundraising Proceeds [MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (6/30/2015)	

Full Name (Last, First, Middle Initial) B. Peter F. Spano		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 4001 N Ocean Boulevard Apt. 304		Transaction ID : A-TIP22	
City Gulf Stream	State FL	Zip Code 33483-7511	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400		
		Transfer of Joint Fundraising Proceeds [MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (6/30/2015)	

Full Name (Last, First, Middle Initial) C. Cathy D. Spano		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 4001 N Ocean Boulevard Apt. 304		Transaction ID : A-TIP23	
City Gulf Stream	State FL	Zip Code 33483-7511	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400		
		Transfer of Joint Fundraising Proceeds [MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (6/30/2015)	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Conway G. Ivy

Mailing Address **PO Box 1408**

City **Beaufort** State **SC** Zip Code **29901-1408**

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

Name of Employer **Self-Employed** Occupation **Investor**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2740**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : A-TIP24

Amount of Each Receipt this Period
40

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Freedomworks Victory Committee (6/30/2015)

B. Full Name (Last, First, Middle Initial)
M. Elizabeth Weiss

Mailing Address **1304 Hawthorne Lane**

City **Hinsdale** State **IL** Zip Code **60521-2956**

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

Name of Employer **Wells Capital** Occupation **Investment Mgr**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : A-TIP25

Amount of Each Receipt this Period
1300

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Freedomworks Victory Committee (6/30/2015)

C. Full Name (Last, First, Middle Initial)
Richard Trent Weiss

Mailing Address **1304 Hawthorne Lane**

City **Hinsdale** State **IL** Zip Code **60521-2956**

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

Name of Employer **Wells Capital Management** Occupation **Financial Advisor**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : A-TIP26

Amount of Each Receipt this Period
1300

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Freedomworks Victory Committee (6/30/2015)

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

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Joan P Carter

Mailing Address 182 Tavistock Lane

City Haddonfield State NJ Zip Code 08033-3602

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

Name of Employer UM Holdings Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2750**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : A-TIP27

Amount of Each Receipt this Period
50

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Freedomworks Victory Committee (7/8/2015)

B. Full Name (Last, First, Middle Initial)
John J. Aglialoro

Mailing Address 182 Tavistock Lane

City Haddonfield State NJ Zip Code 08033-3602

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

Name of Employer Cybex International Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2750**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : A-TIP28

Amount of Each Receipt this Period
50

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Freedomworks Victory Committee (7/8/2015)

C. Full Name (Last, First, Middle Initial)
Donald M. Wilkinson

Mailing Address 499 Park Avenue
 Floor 7

City New York State NY Zip Code 10022-1374

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

Name of Employer Wilkinson & O'Grady Inc. Occupation Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3333.33**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A-TIP29

Amount of Each Receipt this Period
633.33

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Freedomworks Victory Committee (7/20/2015)

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

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

0.00

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

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

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Robert D. Arnott

Mailing Address 4100 Newport Place Drive
Suite 750

City Newport Beach State CA Zip Code 92660-1414

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

Name of Employer Research Affiliates Occupation Chairman/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A-TIP30

Amount of Each Receipt this Period
2700

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Freedomworks Victory Committee (7/20/2015)

B. Full Name (Last, First, Middle Initial)
Freedomworks Victory Committee

Mailing Address 1390 Chain Bridge Road
Suite 515

City Mc Lean State VA Zip Code 22101-3904

FEC ID number of contributing federal political committee. **C C00580233**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **53000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : A-TF6783

Amount of Each Receipt this Period
35000

Transfer of Joint Fundraising Proceeds

C. Full Name (Last, First, Middle Initial)
Michael L. Darland

Mailing Address 2021 102nd Place SE

City Bellevue State WA Zip Code 98004-7029

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **666.67**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : A-TIP31

Amount of Each Receipt this Period
666.67

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Freedomworks Victory Committee (6/30/2015)

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

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

35000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 47
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Myrna Darland		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 2021 102nd Place SE		Transaction ID : A-TIP32	
City Bellevue	State WA	Zip Code 98004-7029	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 666.67	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 666.67		
Transfer of Joint Fundraising Proceeds [MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (6/30/2015)			

Full Name (Last, First, Middle Initial) B. Corinne Spence		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 1508 Eureka Road Suite 200		Transaction ID : A-TIP33	
City Roseville	State CA	Zip Code 95661-2881	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400		
Transfer of Joint Fundraising Proceeds [MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (6/30/2015)			

Full Name (Last, First, Middle Initial) C. Bobby Haynes		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 791 Baker Road		Transaction ID : A-TIP34	
City Smyrna	State TN	Zip Code 37167-5194	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700	
Name of Employer Tennessee Ind. Electronics	Occupation Business Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400		
Transfer of Joint Fundraising Proceeds [MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (6/30/2015)			

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 47
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Felicia Haynes

Mailing Address 791 Baker Road

City State Zip Code
Smyrna TN 37167-5194

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

Name of Employer Occupation
Tennessee Ind. Electronics Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : A-TIP35

Amount of Each Receipt this Period
2700

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
Transfer Memo of Freedomworks Victory Committee (6/30/2015)

B. Full Name (Last, First, Middle Initial)
Scott Mceachin

Mailing Address 7032 E 100th Street

City State Zip Code
Tulsa OK 74133-6235

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : A-TIP36

Amount of Each Receipt this Period
2500

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
Transfer Memo of Freedomworks Victory Committee (6/30/2015)

C. Full Name (Last, First, Middle Initial)
Richard Trent Weiss

Mailing Address 1304 Hawthorne Lane

City State Zip Code
Hinsdale IL 60521-2956

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

Name of Employer Occupation
Wells Capital Management Financial Advisor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : A-TIP43

Amount of Each Receipt this Period
2700

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
Transfer Memo of Freedomworks Victory Committee (6/30/2015)

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 47
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Joan P Carter		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 08 / 2015	
Mailing Address 182 Tavistock Lane		Transaction ID : A-TIP44	
City Haddonfield	State NJ	Zip Code 08033-3602	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700	
Name of Employer UM Holdings	Occupation Executive		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2750		
		Transfer of Joint Fundraising Proceeds [MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (7/8/2015)	

Full Name (Last, First, Middle Initial) B. John J. Aglialoro		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 08 / 2015	
Mailing Address 182 Tavistock Lane		Transaction ID : A-TIP45	
City Haddonfield	State NJ	Zip Code 08033-3602	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700	
Name of Employer Cybex International	Occupation Executive		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2750		
		Transfer of Joint Fundraising Proceeds [MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (7/8/2015)	

Full Name (Last, First, Middle Initial) C. Donald M. Wilkinson		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2015	
Mailing Address 499 Park Avenue Floor 7		Transaction ID : A-TIP46	
City New York	State NY	Zip Code 10022-1374	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700	
Name of Employer Wilkinson & O'Grady Inc.	Occupation Investor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3333.33		
		Transfer of Joint Fundraising Proceeds [MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (7/20/2015)	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 47
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
Robert D. Arnott

Mailing Address 4100 Newport Place Drive
Suite 750

City Newport Beach State CA Zip Code 92660-1414

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

Name of Employer Research Affiliates Occupation Chairman/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A-TIP47

Amount of Each Receipt this Period
2700

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Freedomworks Victory Committee (7/20/2015)

B. Full Name (Last, First, Middle Initial)
Joanne Johnson

Mailing Address 70 Robley Road

City Salinas State CA Zip Code 93908-8900

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : A-TIP38

Amount of Each Receipt this Period
1500

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Freedomworks Victory Committee (6/30/2015)

C. Full Name (Last, First, Middle Initial)
Peter F. Spano

Mailing Address 4001 N Ocean Boulevard
Apt. 304

City Gulf Stream State FL Zip Code 33483-7511

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : A-TIP39

Amount of Each Receipt this Period
2700

Transfer of Joint Fundraising Proceeds

[MEMO ITEM]
 Transfer Memo of Freedomworks Victory Committee (6/30/2015)

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 47
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Cathy D. Spano		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 4001 N Ocean Boulevard Apt. 304		Transaction ID : A-TIP40	
City State Zip Code Gulf Stream FL 33483-7511	Amount of Each Receipt this Period 2700 Transfer of Joint Fundraising Proceeds		
FEC ID number of contributing federal political committee. C	[MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (6/30/2015)		
Name of Employer Occupation Retired Retired	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 5400			

Full Name (Last, First, Middle Initial) B. Conway G. Ivy		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address PO Box 1408		Transaction ID : A-TIP41	
City State Zip Code Beaufort SC 29901-1408	Amount of Each Receipt this Period 2700 Transfer of Joint Fundraising Proceeds		
FEC ID number of contributing federal political committee. C	[MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (6/30/2015)		
Name of Employer Occupation Self-Employed Investor	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 2740			

Full Name (Last, First, Middle Initial) C. M. Elizabeth Weiss		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 1304 Hawthorne Lane		Transaction ID : A-TIP42	
City State Zip Code Hinsdale IL 60521-2956	Amount of Each Receipt this Period 2700 Transfer of Joint Fundraising Proceeds		
FEC ID number of contributing federal political committee. C	[MEMO ITEM] Transfer Memo of Freedomworks Victory Committee (6/30/2015)		
Name of Employer Occupation Wells Capital Investment Mgr	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 4000			

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	53000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 47
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

A. Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 233 S Wacker Drive

City Chicago State IL Zip Code 60606-7147

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
495.1

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : A-OF6796

Amount of Each Receipt this Period
495.1

Refund: Travel

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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

495.10

495.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Aristotle International, Inc			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 650 Transaction ID : B-E-6691
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Compliance Software		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Aristotle International, Inc			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 650 Transaction ID : B-E-6756
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Compliance Software		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. Aristotle International, Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 650 Transaction ID : B-E-6801
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Compliance Software		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. BB Riverboats		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 101 Riverboat Row		Amount of Each Disbursement this Period 400 Transaction ID : B-E-6737
City Newport	State KY	
Purpose of Disbursement Facility Rental		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BB Riverboats		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 101 Riverboat Row		Amount of Each Disbursement this Period 100 Transaction ID : B-E-6767
City Newport	State KY	
Purpose of Disbursement Facility Rental		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Best Western		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 6201 N 24th Parkway		Amount of Each Disbursement this Period 220.89 Transaction ID : B-E-6673
City Phoenix	State AZ	
Purpose of Disbursement Travel		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	720.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Best Western			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 6201 N 24th Parkway			Amount of Each Disbursement this Period 220.89 Transaction ID : B-E-6674
City Phoenix	State AZ	Zip Code 85016-2023	
Purpose of Disbursement Travel	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Best Western			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 6201 N 24th Parkway			Amount of Each Disbursement this Period 10.48 Transaction ID : B-E-6675
City Phoenix	State AZ	Zip Code 85016-2023	
Purpose of Disbursement Travel	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Best Western			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 6201 N 24th Parkway			Amount of Each Disbursement this Period 161.46 Transaction ID : B-E-6803
City Phoenix	State AZ	Zip Code 85016-2023	
Purpose of Disbursement Travel	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	392.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Bistro Beaujolais		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 3NW Ocean Ave		Amount of Each Disbursement this Period 202.61 Transaction ID : B-E-6670
City Carmel State CA Zip Code 93921	Purpose of Disbursement Food/Beverage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 1755.72 Transaction ID : B-E-6654
City Newport State KY Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 1755.72 Transaction ID : B-E-6732
City Newport State KY Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3714.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Broghamer Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 502 Monroe Street		Amount of Each Disbursement this Period 1751.34 Transaction ID : B-E-6762
City Newport	State KY	
Zip Code 41071-2006	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Cambria Hotel & Suites		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 2921 E Harmony Road		Amount of Each Disbursement this Period 263.74 Transaction ID : B-E-6702
City Fort Collins	State CO	
Zip Code 80528-9622	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. CanDo Politics		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 20 W 11th Street Suite 200		Amount of Each Disbursement this Period 115 Transaction ID : B-E-6772
City Covington	State KY	
Zip Code 41011-4112	Purpose of Disbursement Website Development/Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2130.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 47		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 204.89 Transaction ID : B-E-6692
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 59.33 Transaction ID : B-E-6761
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 270 Park Avenue Floor 12		Amount of Each Disbursement this Period 50 Transaction ID : B-E-6667
City New York State NY Zip Code 10017	Purpose of Disbursement Bank Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	314.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Chase Bank			Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 270 Park Avenue Floor 12			Amount of Each Disbursement this Period 50 Transaction ID : B-E-6739
City New York	State NY	Zip Code 10017	
Purpose of Disbursement Bank Fee		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Chase Bank			Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 270 Park Avenue Floor 12			Amount of Each Disbursement this Period 25 Transaction ID : B-E-6755
City New York	State NY	Zip Code 10017	
Purpose of Disbursement Bank Fee		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Chase Bank			Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 270 Park Avenue Floor 12			Amount of Each Disbursement this Period 50 Transaction ID : B-E-6768
City New York	State NY	Zip Code 10017	
Purpose of Disbursement Bank Fee		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Chase Bank		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 270 Park Avenue Floor 12		Amount of Each Disbursement this Period 25 Transaction ID : B-E-6786
City New York	State NY	
Zip Code 10017	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Cincinnati Reds		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 100 Joe Nuxhall Way		Amount of Each Disbursement this Period 600 Transaction ID : B-E-6738
City Cincinnati	State OH	
Zip Code 45202-4109	Purpose of Disbursement Event Tickets	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Comfort Inn		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 6811 E Mayo Boulevard Suite 100		Amount of Each Disbursement this Period 136.59 Transaction ID : B-E-6664
City Phoenix	State AZ	
Zip Code 85054-3120	Purpose of Disbursement Travel	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	761.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Comfort Inn		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 6811 E Mayo Boulevard Suite 100		Amount of Each Disbursement this Period 372.59 Transaction ID : B-E-6665
City Phoenix State AZ Zip Code 85054-3120	Category/Type 001	
Purpose of Disbursement Travel	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Comfort Inn		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 6811 E Mayo Boulevard Suite 100		Amount of Each Disbursement this Period 107.45 Transaction ID : B-E-6668
City Phoenix State AZ Zip Code 85054-3120	Category/Type 001	
Purpose of Disbursement Travel	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Comfort Inn		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 6811 E Mayo Boulevard Suite 100		Amount of Each Disbursement this Period 129.65 Transaction ID : B-E-6669
City Phoenix State AZ Zip Code 85054-3120	Category/Type 001	
Purpose of Disbursement Travel	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	372.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Delta Airlines			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015	
Mailing Address PO Box 20706			Amount of Each Disbursement this Period 484.1	
City Atlanta	State GA	Zip Code 30320-6001	Transaction ID : B-E-6696	
Purpose of Disbursement Travel		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Delta Airlines			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015	
Mailing Address PO Box 20706			Amount of Each Disbursement this Period 335.1	
City Atlanta	State GA	Zip Code 30320-6001	Transaction ID : B-E-6747	
Purpose of Disbursement Travel		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Delta Airlines			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015	
Mailing Address PO Box 20706			Amount of Each Disbursement this Period 446.1	
City Atlanta	State GA	Zip Code 30320-6001	Transaction ID : B-E-6770	
Purpose of Disbursement Travel		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	1265.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Enterprise			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015	
Mailing Address 600 Corporate Park Drive			Amount of Each Disbursement this Period 39.22	
City Saint Louis	State MO	Zip Code 63105-4204	Transaction ID : B-E-6793	
Purpose of Disbursement Travel		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Enterprise			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2015	
Mailing Address 600 Corporate Park Drive			Amount of Each Disbursement this Period 11.95	
City Saint Louis	State MO	Zip Code 63105-4204	Transaction ID : B-E-6798	
Purpose of Disbursement Travel		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Enterprise			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015	
Mailing Address 600 Corporate Park Drive			Amount of Each Disbursement this Period 69.35	
City Saint Louis	State MO	Zip Code 63105-4204	Transaction ID : B-E-6820	
Purpose of Disbursement Travel		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	120.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 47		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Fourth District GOP Committee Of Kentucky		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 100 Ridge Hill Drive		Amount of Each Disbursement this Period -840 Transaction ID : B-E-6743
City Highland Heights	State KY Zip Code 41076-1613	
Purpose of Disbursement Void: Event Tickets	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Fourth District GOP Committee Of Kentucky		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 100 Ridge Hill Drive		Amount of Each Disbursement this Period 840 Transaction ID : B-E-6744
City Highland Heights	State KY Zip Code 41076-1613	
Purpose of Disbursement Event Tickets	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Frontier Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address PO Box 492085		Amount of Each Disbursement this Period 397.1 Transaction ID : B-E-6736
City Denver	State CO Zip Code 80249	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	397.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Frontier Airlines			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015		
Mailing Address PO Box 492085			Amount of Each Disbursement this Period 299.1		
City Denver	State CO	Zip Code 80249	Transaction ID : B-E-6688		
Purpose of Disbursement Travel		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Frontier Airlines			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015		
Mailing Address PO Box 492085			Amount of Each Disbursement this Period 457		
City Denver	State CO	Zip Code 80249	Transaction ID : B-E-6695		
Purpose of Disbursement Travel		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. Frontier Airlines			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015		
Mailing Address PO Box 492085			Amount of Each Disbursement this Period 30		
City Denver	State CO	Zip Code 80249	Transaction ID : B-E-6706		
Purpose of Disbursement Travel		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	786.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Hank's Oyster Bar		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 1624 Q Street NW		Amount of Each Disbursement this Period 167.35 Transaction ID : B-E-6685
City Washington State DC Zip Code 20009-6354	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Hank's Oyster Bar		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 1624 Q Street NW		Amount of Each Disbursement this Period 50.9 Transaction ID : B-E-6785
City Washington State DC Zip Code 20009-6354	Purpose of Disbursement Food/Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. MailChimp		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 75 Transaction ID : B-E-6705
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	293.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. MailChimp		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 75 Transaction ID : B-E-6760
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MailChimp		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 512 Means Street NW Suite 404		Amount of Each Disbursement this Period 75 Transaction ID : B-E-6818
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mitchells Fish		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 1 Levee Way Suite 2129		Amount of Each Disbursement this Period 972.64 Transaction ID : B-E-6765
City Newport State KY Zip Code 41071-1661	Purpose of Disbursement Food/Beverage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1122.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 47		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Miyako		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 2511 Ritchie Street		Amount of Each Disbursement this Period 200.36 Transaction ID : B-E-6694
City Crescent Springs	State KY	
Zip Code 41017-1609	Purpose of Disbursement Food/Beverage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Office Catering		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 1795 Olive Street		Amount of Each Disbursement this Period 258.98 Transaction ID : B-E-6701
City Capitol Heights	State MD	
Zip Code 20743-6719	Purpose of Disbursement Catering	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Paycor Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 40 Transaction ID : B-E-6690
City Cincinnati	State OH	
Zip Code 45203-1734	Purpose of Disbursement Payroll Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	499.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 47			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Paycor Inc.		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 40 Transaction ID : B-E-6745
City Cincinnati	State OH	
Zip Code 45203-1734	Purpose of Disbursement Payroll Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Paycor Inc.		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 644 Linn Street Suite 200		Amount of Each Disbursement this Period 40 Transaction ID : B-E-6789
City Cincinnati	State OH	
Zip Code 45203-1734	Purpose of Disbursement Payroll Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Senate Catering		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address PO Box 23277		Amount of Each Disbursement this Period 561.63 Transaction ID : B-E-6709
City Washington	State DC	
Zip Code 20026-3277	Purpose of Disbursement Catering	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	641.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Stripe		M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 15.12
City San Francisco	State CA Zip Code 94105-3727	
Purpose of Disbursement Credit Card Merchant Fees		Transaction ID : B-E-6733
Candidate Name		
Office Sought:	Disbursement For: 2016	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Stripe		M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA Zip Code 94105-3727	
Purpose of Disbursement Credit Card Merchant Fees		Transaction ID : B-E-6734
Candidate Name		
Office Sought:	Disbursement For: 2016	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Stripe		M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 140 2nd Street		Amount of Each Disbursement this Period 166.5
City San Francisco	State CA Zip Code 94105-3727	
Purpose of Disbursement Credit Card Merchant Fees		Transaction ID : B-E-6826
Candidate Name		
Office Sought:	Disbursement For: 2016	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	189.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 366.1
City Chicago	State IL Zip Code 60606-7147	
Purpose of Disbursement Travel	Category/Type 001	Transaction ID : B-E-6687
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 80
City Chicago	State IL Zip Code 60606-7147	
Purpose of Disbursement Travel	Category/Type 001	Transaction ID : B-E-6748
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 200
City Chicago	State IL Zip Code 60606-7147	
Purpose of Disbursement Travel	Category/Type 001	Transaction ID : B-E-6749
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	646.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 495.1
City Chicago	State IL Zip Code 60606-7147	
Purpose of Disbursement Travel	Category/Type 001	Transaction ID : B-E-6771
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 233 S Wacker Drive		Amount of Each Disbursement this Period 804.2
City Chicago	State IL Zip Code 60606-7147	
Purpose of Disbursement Travel	Category/Type 001	Transaction ID : B-E-6804
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Thomas H. Massie		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address PO Box 821		Amount of Each Disbursement this Period 6196.13
City Newport	State KY Zip Code 41072	
Purpose of Disbursement Travel/Phone Reimbursement	Category/Type 001	Transaction ID : B-E-6693
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7495.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Enterprise		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address 600 Corporate Park Drive		Amount of Each Disbursement this Period 1675.96
City Saint Louis	State MO	
Zip Code 63105-4204	Purpose of Disbursement Travel	Transaction ID : B-S-90
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Thomas Massie(07/25/15)
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address 208 S Akard Street		Amount of Each Disbursement this Period 1839.46
City Dallas	State TX	
Zip Code 75202-4295	Purpose of Disbursement Phone Service	Transaction ID : B-S-91
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Thomas Massie(07/25/15)
State: District:		

Full Name (Last, First, Middle Initial) c. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 415
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	Transaction ID : B-S-96
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Thomas Massie(07/25/15)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Galt House Hotel		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address 140 N 4th Street		Amount of Each Disbursement this Period 343.58
City Louisville	State KY	
Zip Code 40202-4227	Purpose of Disbursement Travel	Transaction ID : B-S-100
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Thomas Massie(07/25/15)
State: District:		

Full Name (Last, First, Middle Initial) B. Hank's Oyster Bar		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address 1624 Q Street NW		Amount of Each Disbursement this Period 135.65
City Washington	State DC	
Zip Code 20009-6354	Purpose of Disbursement Food/Beverage	Transaction ID : B-S-101
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Thomas Massie(07/25/15)
State: District:		

Full Name (Last, First, Middle Initial) C. Hilton Hotels		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address 15305 Dallas Parkway Suite 600		Amount of Each Disbursement this Period 318.77
City Addison	State TX	
Zip Code 75001-6472	Purpose of Disbursement Travel	Transaction ID : B-S-102
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Thomas Massie(07/25/15)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Hilton Hotels		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address 15305 Dallas Parkway Suite 600		Amount of Each Disbursement this Period 114.91
City Addison	State TX Zip Code 75001-6472	
Purpose of Disbursement Food/Beverage		Transaction ID : B-S-103
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	[MEMO ITEM] Subitemization of Thomas Massie(07/25/15)
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	23937.83

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

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

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NAME OF COMMITTEE (In Full)
Thomas Massie for Congress

Full Name (Last, First, Middle Initial) A. Republican Party of Kentucky		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address PO Box 1068		Amount of Each Disbursement this Period 25000 Transaction ID : B-E-6784
City Frankfort	State KY	
Zip Code 40602-1068	Purpose of Disbursement Political Contribution/Party Transfer	Category/ Type 011
Candidate Name Republican Party of Kentucky	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

SUBTOTAL of Disbursements This Page (optional).....	25000.00
TOTAL This Period (last page this line number only).....	25000.00