

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 Friends of Michelle

ADDRESS (number and street) P.O. Box 25422 Check if different than previously reported. (ACC) Albuquerque NM 87108

2. FEC IDENTIFICATION NUMBER C C00501254 3. IS THIS REPORT NEW (N) OR AMENDED (A) NM 01

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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 01/01/2015 through MM/DD/YYYY 03/31/2015

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 Ms. Jeannine L. Daniels

Signature of Treasurer Ms. Jeannine L. Daniels [Electronically Filed] Date MM/DD/YYYY 04/15/2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Friends of Michelle**

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))....	268270.16	269454.21
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	268270.16	268904.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	47943.67	139313.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47943.67	138313.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	381209.23	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Michelle**

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

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).....	169316.16	169716.16
(ii) Unitemized.....	3954.00	4738.05
(iii) TOTAL of contributions from individuals ▶	173270.16	174454.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	95000.00	95000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	268270.16	269454.21
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	1000.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	268270.16	270454.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47943.67	139313.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	550.00
21. OTHER DISBURSEMENTS .....	22570.00	23970.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	70513.67	163833.18

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	183452.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	268270.16
25. SUBTOTAL (add Line 23 and Line 24).....	451722.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70513.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	381209.23

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Victoria Ann Adams**

Mailing Address 2330 Medford Ct E

City State Zip Code  
Fort Worth TX 76109-1131

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2015

**Transaction ID : C10646397**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**James Carl Akins**

Mailing Address 3515 La Hacienda PI NE

City State Zip Code  
Albuquerque NM 87106-1118

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : C10644676**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2851 Trellis Dr NW

City State Zip Code  
Albuquerque NM 87107-2933

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

Name of Employer Occupation  
Self Photographer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10656873**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

**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 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Charles L. Alfero**

Mailing Address 717 W 7th St

City State Zip Code  
Silver City NM 88061-4507

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

Name of Employer Occupation  
Hidalgo Medical Services Adminstrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2015

**Transaction ID : C10647272**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Clara R. Apodaca**

Mailing Address 9419 Callaway Cir NE

City State Zip Code  
Albuquerque NM 87111-5858

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : C10649412**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 369

City State Zip Code  
Bernalillo NM 87004-0369

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

Name of Employer Occupation  
Self (Algodones Associates) Management Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : C10657367**

Amount of Each Receipt this Period  
2700.00

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

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

3450.00

**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 121
	<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)  
**Friends of Michelle**

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

Mailing Address 660 Rio Azul Ln NW

City Albuquerque State NM Zip Code 87104-2668

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

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : C10643243**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 915 William St SE

City Albuquerque State NM Zip Code 87102-4253

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2015

**Transaction ID : C10651495**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2015 Dietz Pl NW

City Albuquerque State NM Zip Code 87107-3240

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

Name of Employer Delta Consulting Group Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10657688**

Amount of Each Receipt this Period  
 2700.00

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

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

4700.00

**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 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Robert G. Armstrong**

Mailing Address 2608 N Washington Ave

City Roswell State NM Zip Code 88201-5237

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

Name of Employer Armstrong Energy Corp. Occupation Oil & Gas Producer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : C10642332**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 8322 Fort Hunt Rd

City Alexandria State VA Zip Code 22308-1815

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

Name of Employer USDA Occupation Under Secretary

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : C10646436**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 204 Big Horn Ridge Dr NE

City Albuquerque State NM Zip Code 87122-1925

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

Name of Employer Johnson Barnhouse and Keegan LLC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
216.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : C10641842**

Amount of Each Receipt this Period  
216.16

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

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

1216.16



**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 121
	<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)  
**Friends of Michelle**

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

Mailing Address **PO Box 30187**

City **Albuquerque** State **NM** Zip Code **87190-0187**

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

Name of Employer **Self** Occupation **Grocery Business Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : C10646439**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Christopher P. Bauman**

Mailing Address **PO Box 30684**

City **Albuquerque** State **NM** Zip Code **87190-0684**

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

Name of Employer **Bauman Dow & Leon PC** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : C10655927**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **4801 Piedra Rosa St NE**

City **Albuquerque** State **NM** Zip Code **87111-2117**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : C10656155**

Amount of Each Receipt this Period  
**500.00**

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Sandra D. Bellino**

Mailing Address 3270 S Monroe St

City State Zip Code  
Denver CO 80210-6946

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

Name of Employer Occupation  
Merck Sharpe Dohme LTD Director Government Affairs & Policy

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10657779**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 72A Arroyo Hondo Trl

City State Zip Code  
Santa Fe NM 87508-9500

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10656584**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 138 N Jackson St

City State Zip Code  
Arlington VA 22201-1244

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

Name of Employer Occupation  
Matz, Blancato and Assoc. Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10654194**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address 369 Montezuma Ave

City Santa Fe State NM Zip Code 87501-2835

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

Name of Employer Southwestern Women's Options Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10657790**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 369 Montezuma Ave

City Santa Fe State NM Zip Code 87501-2835

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

Name of Employer Southwestern Women's Options Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10658252**

Amount of Each Receipt this Period  
2300.00

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

Mailing Address 8635 Rio Grande Blvd NW

City Los Ranchos State NM Zip Code 87114-1301

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

Name of Employer Branch Law Firm Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10661311**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

**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 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Eizabeth L. Bremner**

Mailing Address 907 Allahna Way

City Santa Fe State NM Zip Code 87501-7068

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

Name of Employer None Occupation Philanthropist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : C10647747**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Brenda A. Broussard**

Mailing Address 18 Berm St NW

City Albuquerque State NM Zip Code 87120-1822

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

Name of Employer Self Occupation Healthcare Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : C10648914**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2145 Black Willow Dr NE

City Albuquerque State NM Zip Code 87122-1019

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

Name of Employer Sonosky, Chambers, Sachse, Mielke & Br Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2015

**Transaction ID : C10646423**

Amount of Each Receipt this Period  
 1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**David P Buchholtz**

Mailing Address 9921 Barrinson NE

City Albuquerque State NM Zip Code 87111-5895

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

Name of Employer Rodey, Dickason, Sloan, Akin & Robb PA Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : C10647734**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5801 Desert View Ct NE

City Rio Rancho State NM Zip Code 87144-2638

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

Name of Employer Self (CB Solutions) Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10656485**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Renee J Butler-Lewis**

Mailing Address 1812 Princeton Dr NE

City Albuquerque State NM Zip Code 87106-2530

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

Name of Employer Radiology Associates of Albuquerque Occupation Diagnostic Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10656219**

Amount of Each Receipt this Period  
1500.00

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

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

2500.00

**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 121
	<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)  
**Friends of Michelle**

**A. Wheaton Byers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2851 Trellis Dr NW  
 City Albuquerque State NM Zip Code 87107-2933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer XL Scientific Occupation Scientist  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : C10653999**  
 Amount of Each Receipt this Period  
 250.00

**B. Cecil D Bykerk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9643 Oak Cir  
 City Omaha State NE Zip Code 68124-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Actuary  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : C10640314**  
 Amount of Each Receipt this Period  
 2700.00

**C. Cecil D Bykerk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9643 Oak Cir  
 City Omaha State NE Zip Code 68124-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Actuary  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : C10666832**  
 Amount of Each Receipt this Period  
 2700.00

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

5650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Cristy J. Carbon-Gaul**

Mailing Address 10509 4th St NW

City Albuquerque State NM Zip Code 87114-2219

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : C10648912**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1921 Griegos Rd NW

City Albuquerque State NM Zip Code 87107-2836

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

Name of Employer MCML, PA Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : C10640329**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1634 Rancho Guadalupe Trl NW

City Albuquerque State NM Zip Code 87107-3370

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

Name of Employer Alvarado Managment Ltd. Co Occupation CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : C10654068**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 16 OF 121  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Martin J. Chavez**

Mailing Address 515 9th St NW  
Apt 4A

City Washington State DC Zip Code 20004-2156

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

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10657789**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**R. Martin Chavez**

Mailing Address 400 W 12th St  
Apt TH6

City New York State NY Zip Code 10014-1861

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

Name of Employer Goldman Sachs & Co. Occupation CIO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 23 / 2015

**Transaction ID : C10646888**

Amount of Each Receipt this Period  
 2700.00

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

Mailing Address 400 W 12th St  
Apt TH6

City New York State NY Zip Code 10014-1861

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

Name of Employer Goldman Sachs & Co. Occupation CIO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 23 / 2015

**Transaction ID : C10666833**

Amount of Each Receipt this Period  
 2700.00

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

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

5900.00



**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**James M. Collie**

Mailing Address 4235 Mackland Ave NE

City Albuquerque State NM Zip Code 87110-7715

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

Name of Employer None Occupation Retired Presbyterian Minister

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10656850**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**James M. Collie**

Mailing Address 4235 Mackland Ave NE

City Albuquerque State NM Zip Code 87110-7715

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

Name of Employer None Occupation Retired Presbyterian Minister

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10656853**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address 1085 Camino Manana

City Santa Fe State NM Zip Code 87501-1088

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 21 / 2015**

**Transaction ID : C10632547**

Amount of Each Receipt this Period  
**1000.00**

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

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

**6200.00**

**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 121
	<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)  
**Friends of Michelle**

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

Mailing Address 6690 Corrales Rd

City Corrales State NM Zip Code 87048-9012

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

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C10648817**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Lisa K. Curtis**

Mailing Address 301 Gold Ave SW Ste 201

City Albuquerque State NM Zip Code 87102-3245

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

Name of Employer Curtis & Lucero Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : C10654112**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Samuel L. Dazzo Jr.**

Mailing Address 6719 Emory Oak PI NE

City Albuquerque State NM Zip Code 87111-8297

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

Name of Employer Self Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : C10646432**

Amount of Each Receipt this Period  
 500.00

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

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

3450.00

**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 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Dale R. Dekker**

Mailing Address 534 Black Bear Rd NE

City Albuquerque State NM Zip Code 87122-1816

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

Name of Employer Dekker/Perich/Sabatini Occupation Architect

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : C10642185**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Diane D. Denish**

Mailing Address 2604 Morrow Rd NE

City Albuquerque State NM Zip Code 87106-2523

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

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10658237**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO Box 1866

City Carlsbad State NM Zip Code 88221-1866

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

Name of Employer Jeff Diamond Law Firm Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10653974**

Amount of Each Receipt this Period  
 1000.00

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

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

1750.00

**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 121
	<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)  
**Friends of Michelle**

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

Mailing Address 1174 Laurel Loop

City Albuquerque State NM Zip Code 87122

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10655926**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address PO Box 836

City Tesuque State NM Zip Code 87574-0836

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

Name of Employer Santa Fe Public School Board Occupation Board Member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10657482**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 2710 Veranda Rd NW

City Albuquerque State NM Zip Code 87107-2941

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 06 / 2015

**Transaction ID : C10617916**

Amount of Each Receipt this Period  
 100.00

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

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

900.00

**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 21 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address 2710 Veranda Rd NW

City Albuquerque State NM Zip Code 87107-2941

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : C10628038**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 2710 Veranda Rd NW

City Albuquerque State NM Zip Code 87107-2941

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : C10639136**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 8617 Rio Grande Blvd NW

City Los Ranchos State NM Zip Code 87114-1301

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10656908**

Amount of Each Receipt this Period  
**250.00**

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

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

**450.00**

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

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

FOR LINE NUMBER: PAGE 22 OF 121  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**John Mel Eaves Jr.**

Mailing Address 6565 Americas Pkwy NE  
Ste 200

City Albuquerque State NM Zip Code 87110-8172

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

Name of Employer Eaves & Mendenhall, P.A. Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C10649024**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Brian F. Egolf Jr**

Mailing Address 128 Grant Ave  
# 301

City Santa Fe State NM Zip Code 87501-2031

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10655850**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO Box 573

City Albuquerque State NM Zip Code 87103-0573

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

Name of Employer State of New Mexico Occupation Treasurer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10660973**

Amount of Each Receipt this Period  
 1000.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 121
	<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	

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

NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

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

Mailing Address 1260 Vallecita Dr

City Santa Fe State NM Zip Code 87501-8803

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

Name of Employer Jerome Capital, LLC Occupation Venture Capitalist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015

**Transaction ID : C10631950**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Fort Sill Apache Tribe of Oklahoma Economic Development Authority**

Mailing Address PO Box 3795

City Lawton State OK Zip Code 73502-3795

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2015

**Transaction ID : C10651553**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 3327 Oakland Dr

City Sugar Land State TX Zip Code 77479-2481

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

Name of Employer American Gilsonite Company Occupation Senior Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2015

**Transaction ID : C10642186**

Amount of Each Receipt this Period  
 1500.00

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

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

5000.00

**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 24 OF 121
	<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	

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

NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**J. E. Gallegos**

Mailing Address 460 Saint Michaels Dr  
Ste 300

City Santa Fe State NM Zip Code 87505-7687

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

Name of Employer Gallegos Law Firm Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2015

**Transaction ID : C10646425**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5205 Molokai Ave NE

City Albuquerque State NM Zip Code 87111-1941

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

Name of Employer NM Assoc. of Home and Hospice Care Occupation Executive Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : C10647748**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 308

City Valdez State NM Zip Code 87580-0308

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

Name of Employer Gold Communications Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2015

**Transaction ID : C10646444**

Amount of Each Receipt this Period  
500.00

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

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

1000.00



**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 25 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address 1504 Harvard Ct NE

City Albuquerque State NM Zip Code 87106-3712

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

Name of Employer: Freedman Boyd Hollander Goldberg Ives  
Occupation: Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : C10656810**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 21 Sandia Heights NE

City Albuquerque State NM Zip Code 87122

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

Name of Employer: Family Eye Care  
Occupation: Opthamologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : C10656807**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 5925 Edith Blvd NE

City Albuquerque State NM Zip Code 87107-5051

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

Name of Employer: Mathew Rentals  
Occupation: Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 03 / 23 / 2015

**Transaction ID : C10647705**

Amount of Each Receipt this Period: 2700.00

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address 91 Juniper Rd

City Placitas State NM Zip Code 87043-9125

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10656924**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Sandra A Grisham**

Mailing Address 1421 Rockwood

City Alamogordo State NM Zip Code 88310-3920

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10650906**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1000 Cordova Pl # 161

City Santa Fe State NM Zip Code 87505-1725

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10654526**

Amount of Each Receipt this Period  
 2700.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**F. Michael Hart**

Mailing Address 1801 Rio Grande Blvd NW  
Oso Del Rio

City Albuquerque State NM Zip Code 87104-2566

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

Name of Employer Martinez, Hart & Thompson, PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10658184**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Edmund A. Healy**

Mailing Address PO Box 760

City Taos State NM Zip Code 87571-0760

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

Name of Employer Self Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10657992**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1008 W Riverside Dr

City Carlsbad State NM Zip Code 88220-4027

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

Name of Employer None Occupation Retired Pharmacist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : C10641405**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

**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 28 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**James H. Hinton**

Mailing Address 3001 Calle San Angel NW

City Albuquerque State NM Zip Code 87107-3028

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

Name of Employer Presbyterian Health Services Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10661038**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Mark Hnasko**

Mailing Address 1239 Canyon Rd

City Santa Fe State NM Zip Code 87501-6166

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

Name of Employer Hinkle Shanor LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015

**Transaction ID : C10633250**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2309 Rozinante Dr NW

City Albuquerque State NM Zip Code 87104-3047

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10656887**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Peter B. Ives**

Mailing Address 140 W Zia Rd

City Santa Fe State NM Zip Code 87505-5766

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

Name of Employer The Trust for Public Land/City of Sant Occupation Lawyer/City Councilor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : C10644015**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**David J. Jaramillo**

Mailing Address 500 Marquette Ave NW Ste 1460

City Albuquerque State NM Zip Code 87102-5320

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

Name of Employer Jaramillo Touchet Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10656220**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address PO Box 482

City Dixon State NM Zip Code 87527-0482

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

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2015

**Transaction ID : C10636528**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

**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 30 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas E. Jennings**

Mailing Address **PO Box 1797**

City **Roswell** State **NM** Zip Code **88202-1797**

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

Name of Employer **Self** Occupation **Business owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2015**

**Transaction ID : C10642334**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Timothy Z Jennings**

Mailing Address **3968 Cottonwood Ln**

City **Roswell** State **NM** Zip Code **88203-9619**

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

Name of Employer **Self** Occupation **Rancher**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : C10653973**

Amount of Each Receipt this Period  
**1700.00**

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

Mailing Address **PO Box 1084**

City **Ranchos De Taos** State **NM** Zip Code **87557-1084**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10657649**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Herbert K. Jordon**

Mailing Address 3033 Del Prado

City Alamogordo State NM Zip Code 88310-3961

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2015

**Transaction ID : C10642327**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 933 Gabriel Rd

City Cayce State SC Zip Code 29033-3329

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

Name of Employer University of South Carolina Occupation Student

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : C10644146**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 207 Wellesley Dr SE

City Albuquerque State NM Zip Code 87106-1419

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

Name of Employer Peifer, Hanson & Mullins P.A. Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : C10641853**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Michael L. Keleher**

Mailing Address 1400 Morningside Dr NE

City Albuquerque State NM Zip Code 87110-5640

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

Name of Employer Keleher & McLeod, PA Occupation Retired Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10657993**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph P Kennedy**

Mailing Address 2420 Dietz Farm Rd NW

City Los Ranchos State NM Zip Code 87107-3151

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

Name of Employer Kennedy Kennedy & Ives Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10655801**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2655 Steiner St

City San Francisco State CA Zip Code 94115-1141

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

Name of Employer Kieve Law Offices Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10657610**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00



**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 33 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Gary K. King Ph.D., J.D**

Mailing Address **PO Box 40**

City **Moriarty** State **NM** Zip Code **87035-0040**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 25 / 2015**

**Transaction ID : C10648377**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**Daniel H. Kloke**

Mailing Address **3804 Copper Ave NE Apt 1**

City **Albuquerque** State **NM** Zip Code **87108-1049**

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

Name of Employer **Self** Occupation **Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : C10655399**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **8434 E Windrunner Dr**

City **Scottsdale** State **AZ** Zip Code **85255-3957**

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

Name of Employer **Kraemer Consulting Engineers, PLLC** Occupation **Mechanical Engineer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : C10641629**

Amount of Each Receipt this Period  
**1000.00**

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

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

**4700.00**

**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 34 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

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

Mailing Address 5908 Papaya Pl NE

City Albuquerque State NM Zip Code 87111-6274

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

Name of Employer Bencoe & LaCour Law Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : C10653989**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 915 Ridgecrest Dr SE

City Albuquerque State NM Zip Code 87108-3370

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

Name of Employer NM VA Medical Center Occupation Surgeon

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10657791**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Alberto A. Leon Esq.**

Mailing Address 2305 Mananitas Lane NW

City Albuquerque State NM Zip Code 87104

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

Name of Employer Bauman, Dow & Leon, PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10655906**

Amount of Each Receipt this Period  
500.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Brian W. Lindberg**

Mailing Address 4205 Webster Ct

City Annandale State VA Zip Code 22003-3424

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

Name of Employer Self/Limited to Lindberg, LLC Occupation Public Policy Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : C10654362**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kathleen J. Love**

Mailing Address PO Box 12888

City Albuquerque State NM Zip Code 87195-0888

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

Name of Employer MCML, PA Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2015**

**Transaction ID : C10643872**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address 1115 Roadrunner Ln NW

City Los Ranchos State NM Zip Code 87107-6443

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10662107**

Amount of Each Receipt this Period  
**500.00**

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

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

**3450.00**

**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 36 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address **2219 Vista Larga Ave NE**

City **Albuquerque** State **NM** Zip Code **87106-3731**

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

Name of Employer **L Michael Messina PA** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : C10639511**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **1909 Summerwind PL NE**

City **Albuquerque** State **NM** Zip Code **87122**

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

Name of Employer **MCT Industries** Occupation **Executive**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10664105**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address **9632 Pebble Beach Dr NE**

City **Albuquerque** State **NM** Zip Code **87111-5832**

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

Name of Employer **MCT Industries** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : C10665903**

Amount of Each Receipt this Period  
**2500.00**

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

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

**6000.00**

**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 37 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara L. McAneny M.D.**

Mailing Address 3325 Calle De Daniel NW

City Albuquerque State NM Zip Code 87104-3023

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

Name of Employer New Mexico Oncology Hematology Consult Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : C10641442**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**D. A. McCall**

Mailing Address 703 Osuna Rd NE Ste 6

City Albuquerque State NM Zip Code 87113-1392

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

Name of Employer Midway Leasing Occupation Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10653976**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 1331 Park Ave SW

City Albuquerque State NM Zip Code 87102-2847

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10653975**

Amount of Each Receipt this Period  
 500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address **34 Camino De Los Desmontes**

City **Placitas** State **NM** Zip Code **87043-8730**

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

Name of Employer **Sonosky, Chambers, Sachse, Mielke & Br** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2015**

**Transaction ID : C10644143**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Walden L. Minoli**

Mailing Address **Geckos Bar & Tapas  
3500 Central Ave SE**

City **Albuquerque** State **NM** Zip Code **87106-1446**

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

Name of Employer **Gecko's Bar & Tapas** Occupation **Tavernmaster**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2015**

**Transaction ID : C10644678**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **960 Old Santa Fe Trl**

City **Santa Fe** State **NM** Zip Code **87505-0369**

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

Name of Employer **MCML, PA** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10662096**

Amount of Each Receipt this Period  
**2000.00**

**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 39 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia R. Morehouse**

Mailing Address 5907 Ramsgate Rd

City: Bethesda State: MD Zip Code: 20816-1127

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

Name of Employer: Match MG Occupation: Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 01 / 30 / 2015

**Transaction ID : C10624853**

Amount of Each Receipt this Period: 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Daniel A Najjar**

Mailing Address 2594 Calle Delfino

City: Santa Fe State: NM Zip Code: 87505-6488

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

Name of Employer: Virtue & Najjar PC Occupation: Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : C10656579**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 1331 Park Ave SW

City: Albuquerque State: NM Zip Code: 87102-2847

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

Name of Employer: Self Occupation: Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 28 / 2015

**Transaction ID : C10653367**

Amount of Each Receipt this Period: 500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Criostoir S. O'Cleireachain**

Mailing Address 3804 Tewa Dr NE

City Albuquerque State NM Zip Code 87111-7901

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

Name of Employer Carter & Valle Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10656235**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Catherine J Oppenheimer**

Mailing Address 2300 N Ridgetop Rd

City Santa Fe State NM Zip Code 87506-8361

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2015

**Transaction ID : C10642244**

Amount of Each Receipt this Period  
 2700.00

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

Mailing Address 1030 Stagecoach Rd

City Santa Fe State NM Zip Code 87501-1148

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

Name of Employer Cuddy & McCarthy LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2015

**Transaction ID : C10646427**

Amount of Each Receipt this Period  
 2600.00

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

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

7800.00



**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 41 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address 724 Hermosa Dr NE

City Albuquerque State NM Zip Code 87110-7706

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

Name of Employer Parnall Law Firm Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : C10642420**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 806 McDuffie Cir NE

City Albuquerque State NM Zip Code 87110-7718

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

Name of Employer ReCarnation Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10655905**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Pueblo of Ohkay Owingeh**

Mailing Address PO Box 1119

City Ohkay Owingeh State NM Zip Code 87566-1119

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C10653977**

Amount of Each Receipt this Period  
 1000.00

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 42 OF 121  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Pueblo of Pojoaque**

Mailing Address Gov Joseph Talachy  
2 Petroglyph Circle

City Santa Fe State NM Zip Code 87506

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : C10646433**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Pueblo of Pojoaque**

Mailing Address Gov Joseph Talachy  
2 Petroglyph Circle

City Santa Fe State NM Zip Code 87506

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : C10646434**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 481 Sandia Loop Rd

City Bernalillo State NM Zip Code 87004

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10661039**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

**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 43 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Roberta C. Ramo ESQ.**

Mailing Address 908 El Alhambra Cir NW

City Los Ranchos State NM Zip Code 87107-6304

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

Name of Employer Modrall Spering Roehl Harris & Sisk P Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : C10646438**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1916 Rio Grande Blvd NW

City Albuquerque State NM Zip Code 87104-2524

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

Name of Employer Family Matters Occupation Adoption Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : C10640299**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1916 Rio Grande Blvd NW

City Albuquerque State NM Zip Code 87104-2524

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

Name of Employer Family Matters Occupation Adoption Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : C10640300**

Amount of Each Receipt this Period  
 100.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address 5400 Eakes Rd NW

City Los Ranchos State NM Zip Code 87107-5532

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

Name of Employer Colliers International Occupation Commercial Real Estate Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662085**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Anthony Louis Ross**

Mailing Address 4119 Dietz Loop NW

City Los Ranchos State NM Zip Code 87107-3212

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

Name of Employer Amigo Case Management, Inc. Occupation Program Manager, CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10654265**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2521 Elfego Rd NW

City Albuquerque State NM Zip Code 87107-3010

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

Name of Employer Salazar And Sullivan Law Firm Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10656218**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Elise W Schmidt**

Mailing Address 22 Vuelta Sabio

City Santa Fe State NM Zip Code 87506-8563

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

Name of Employer Self Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662101**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Elise W Schmidt**

Mailing Address 22 Vuelta Sabio

City Santa Fe State NM Zip Code 87506-8563

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

Name of Employer Self Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662104**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 347 E Palace Ave

City Santa Fe State NM Zip Code 87501-2275

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662105**

Amount of Each Receipt this Period  
2700.00

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

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

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address 347 E Palace Ave

City Santa Fe State NM Zip Code 87501-2275

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662106**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 524 Solano Dr NE

City Albuquerque State NM Zip Code 87108-1048

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

Name of Employer UNM School of Law Occupation Law Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10657647**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 9615 Noche Vista Dr NW

City Albuquerque State NM Zip Code 87114-4372

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : C10654132**

Amount of Each Receipt this Period  
500.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Dan W. Shapiro**

Mailing Address 6032 Quemado Dr NE

City Albuquerque State NM Zip Code 87109-3812

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

Name of Employer Dan Shapiro PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10656847**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1509 Archuleta Dr NE

City Albuquerque State NM Zip Code 87112-6375

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

Name of Employer Self Occupation Communications Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10658234**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 739

City Santa Cruz State NM Zip Code 87567-0739

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

Name of Employer Akal Security Inc Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10656040**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>Katherine Slick</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 3041 Sedgwick St NW Apt 203		<b>Transaction ID : C10656776</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Investor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>David S. Smoak</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2015
Mailing Address 28 Don Quijote Ct		<b>Transaction ID : C10651052</b>
City Corrales	State NM	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coldwell Banker Commercial	Occupation Executive	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Patricia M. Stelzner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2015
Mailing Address 3521 Campbell Ct NW		<b>Transaction ID : C10656355</b>
City Albuquerque	State NM	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Michael J. Stratton**

Mailing Address 541 Saint Paul St

City State Zip Code  
Denver CO 80206-4338

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

Name of Employer Occupation  
Stratton and Assoc. Political Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : C10646435**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Pamela J. Sullivan**

Mailing Address 305 Big Horn Ridge PI NE

City State Zip Code  
Albuquerque NM 87122-1446

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2015

**Transaction ID : C10630413**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 7459B Old Santa Fe Trl

City State Zip Code  
Santa Fe NM 87505-9578

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

Name of Employer Occupation  
Self Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2015

**Transaction ID : C10646872**

Amount of Each Receipt this Period  
50.00

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

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

4750.00

**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 50 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address 3521 Smith Ave SE

City Albuquerque State NM Zip Code 87106-1605

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

Name of Employer Jaramillo Touchet Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10656221**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Randy L. Traynor**

Mailing Address 12907 Calle De Sandias NE

City Albuquerque State NM Zip Code 87111-2922

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

Name of Employer Self Occupation Contract Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : C10648037**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1659 Tierra Del Rio NW

City Albuquerque State NM Zip Code 87107-3244

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2015

**Transaction ID : C10655929**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

**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 51 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address 1659 Tierra Del Rio NW

City Albuquerque State NM Zip Code 87107

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2015

**Transaction ID : C10655930**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas A. Tumolillo**

Mailing Address 305 Big Horn Ridge PI NE

City Albuquerque State NM Zip Code 87122-1446

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 10 / 2015

**Transaction ID : C10630414**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Dona J. Upson M.D.**

Mailing Address 530 Montclair Dr SE

City Albuquerque State NM Zip Code 87108-3349

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

Name of Employer NM Veterans Affairs Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2015

**Transaction ID : C10646356**

Amount of Each Receipt this Period  
 500.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Trudy Valerio Healy**

Mailing Address **PO Box 760**

City **Taos** State **NM** Zip Code **87571-0760**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10657906**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **4713 Larchmont Dr NE**

City **Albuquerque** State **NM** Zip Code **87111-3046**

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

Name of Employer **Carter & Valle** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : C10656236**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ray M. Vargas II**

Mailing Address **1516 Silver Ave SW**

City **Albuquerque** State **NM** Zip Code **87102-3020**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2015**

**Transaction ID : C10647593**

Amount of Each Receipt this Period  
**2700.00**

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

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

**4200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address 1617 Inlet Ct

City Reston State VA Zip Code 20190-4429

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

Name of Employer Velasquez and Associates Occupation Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10651131**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Kay Vincent-Collawn**

Mailing Address 4408 Atherton Way NW

City Albuquerque State NM Zip Code 87120-1262

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

Name of Employer PNM Resources Occupation Chief Executive Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : C10653874**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 4108 Killington Rd NW

City Albuquerque State NM Zip Code 87114-5564

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

Name of Employer Walker & Associates PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10656918**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

**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 54 OF 121
	<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)  
**Friends of Michelle**

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

Mailing Address 820 Salamanca St NW

City Los Ranchos State NM Zip Code 87107-5645

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

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2015

**Transaction ID : C10653335**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Todd Wertheim**

Mailing Address 101 Barranca Rd

City Santa Fe State NM Zip Code 87501-8890

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

Name of Employer Jones Snead Wertheim & Wentworh Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10653969**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1709 Sigma Chi Rd Ne

City Albuquerque State NM Zip Code 87106-3814

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

Name of Employer Jones Snead Wertheim & Wentworh Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10661459**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

**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 55 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Carole Wertheim**

Mailing Address 101 Barranca Rd

City Santa Fe State NM Zip Code 87501-8890

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

Name of Employer Creative Images Ltd. Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10653970**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**John D Wheeler**

Mailing Address 510 San Andres St

City Alamogordo State NM Zip Code 88310-6616

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

Name of Employer John D. Wheeler & Associates, PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10656107**

Amount of Each Receipt this Period  
 1350.00

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

Mailing Address 4633 Los Poblanos Cir NW

City Los Ranchos State NM Zip Code 87107-5554

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

Name of Employer UNM Occupation Physician/Scientist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10655523**

Amount of Each Receipt this Period  
 1000.00

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

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

2850.00

**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 56 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen M. Winslow**

Mailing Address 3613 San Rio PI NW

City Albuquerque State NM Zip Code 87107-3071

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

Name of Employer Winslow, Wood & Associates LLC Occupation Investment Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2015

**Transaction ID : C10625307**

Amount of Each Receipt this Period  
300.00

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

Mailing Address PO Box 2423

City Santa Fe State NM Zip Code 87504-2423

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2015

**Transaction ID : C10656003A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** c00439703

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015

**Transaction ID : C10656003AB**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

550.00

169316.16



**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 57 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address 100 ABBOTT PARK RD.  
D312 AP6D-2

City ABBOTT PARK State IL Zip Code 60064

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662134**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE**

Mailing Address 1133 CONNECTICUT AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00411553

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662139**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)**

Mailing Address 777 6TH STREET, NW  
SUITE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10656217**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

**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 58 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6TH STREET, NW  
SUITE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662146**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Mailing Address 401 N. LINDBERGH BLVD

City ST. LOUIS State MO Zip Code 63141

FEC ID number of contributing federal political committee. **C** C00293910

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662129**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662130**

Amount of Each Receipt this Period  
2000.00

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

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

8000.00

**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 59 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1891 PRESTON WHITE DRIVE**

City **RESTON** State **VA** Zip Code **20191**

FEC ID number of contributing federal political committee. **C C00343459**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10662127**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **101 NORTH 3RD STREET**

City **MOORHEAD** State **MN** Zip Code **56560**

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2015**

**Transaction ID : C10665931**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PAC**

Mailing Address **4926 DEL RAY AVENUE**

City **BETHESDA** State **MD** Zip Code **20814**

FEC ID number of contributing federal political committee. **C C00423228**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10664098**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

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

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

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**11000.00**

**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 60 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : C10642307**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG State IL Zip Code 60173

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10661453**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET SUITE 2701

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10653972**

Amount of Each Receipt this Period  
 1000.00

**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 61 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**

Mailing Address P.O. BOX 961039

City State Zip Code  
FORT WORTH TX 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2015

**Transaction ID : C10630438**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS

Mailing Address 101 CONSTIUTION AVENUE, NW  
10TH FLOOR WEST

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : C10642851**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**CME GROUP INC. PAC**

Mailing Address 20 SOUTH WACKER DRIVE

City State Zip Code  
CHICAGO IL 60606

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662133**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 121
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE- FEDERAL**

Mailing Address **1701 JFK BLVD, 49TH FLOOR**

City	State	Zip Code
PHILADELPHIA	PA	19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer	Occupation

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00
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Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	31	/	2015

**Transaction ID : C10662149**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Full Name (Last, First, Middle Initial)  
**COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE**

Mailing Address **501 THIRD STREET, NW**

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee. **C C00002089**

Name of Employer	Occupation

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	12	/	2015

**Transaction ID : C10642335**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address **601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600**

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer	Occupation

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	31	/	2015

**Transaction ID : C10662147**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

\_\_\_\_\_ 4000.00

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

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**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 63 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10661454**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 600 CORPORATE PARK DRIVE

City State Zip Code  
ST. LOUIS MO 63105

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662144**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ERNST & YOUNG POLITICAL ACTION COMMITTEE**

Mailing Address 1101 NEW YORK AVENUE, NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015

**Transaction ID : C10632500**

Amount of Each Receipt this Period  
1000.00

**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 64 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**FMR LLC POLITICAL ACTION COMMITTEE - FEDERAL (FIDELITY PAC)**

Mailing Address **245 SUMMER STREET**

City **BOSTON** State **MA** Zip Code **02210**

FEC ID number of contributing federal political committee. **C C00380550**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10662135**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Maggie Toulouse Oliver**

Mailing Address **PO Box 3071**

City **Albuquerque** State **NM** Zip Code **87109**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10661452**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**GENERAL MILLS INC. POLITICAL ACTION COMMITTEE**

Mailing Address **ONE GENERAL MILLS BOULEVARD**

City **MINNEAPOLIS** State **MN** Zip Code **55426**

FEC ID number of contributing federal political committee. **C C00062646**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10664495**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2500.00**

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

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

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**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 65 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**GENESIS HEALTHCARE INC PAC**

Mailing Address 101 EAST STATE STREET

City KENNETT SQUARE State PA Zip Code 19348

FEC ID number of contributing federal political committee. **C C00292094**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

**Transaction ID : C10628198**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HEALTH CARE SERVICE CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address 300 E. RANDOLPH  
LEGAL DEPARTMENT

City CHICAGO State IL Zip Code 60601

FEC ID number of contributing federal political committee. **C C00199711**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662140**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**HOBBS STRAUS TRIBAL SOVEREIGNTY DEFENSE PAC**

Mailing Address 2120 L STREET NW SUITE 700

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C C00551697**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10661455**

Amount of Each Receipt this Period  
 500.00

**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 66 OF 121
<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : C10655925**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address 1615 L STREET, NW  
SUITE 900

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : C10662150**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**INTEL CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1155 F STREET N.W. #1025

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00125641

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : C10631272**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

**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 67 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Mailing Address 330 SEVEN SPRINGS WAY

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing federal political committee. **C C00347955**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10663028**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC**

Mailing Address 1727 KING ST  
SUITE 400

City State Zip Code  
ALEXANDRIA VA 22311

FEC ID number of contributing federal political committee. **C C00092957**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662131**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS**

Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code  
CHICAGO IL 60611

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : C10648373**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 121
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF SURETY BOND PRODUCERS POLITICAL ACTION COMMITTEE (SURETYPAC)

**A.** Mailing Address 1140 19TH STREET NW  
SUITE 800  
City WASHINGTON State DC Zip Code 20036

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : C10662142

FEC ID number of contributing federal political committee. **C** C00300525

Amount of Each Receipt this Period  
1000.00

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
1000.00

Full Name (Last, First, Middle Initial)  
**B. NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC**

Mailing Address 100 DAINGERFIELD ROAD  
City ALEXANDRIA State VA Zip Code 22314

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : C10662143

FEC ID number of contributing federal political committee. **C** C00030809

Amount of Each Receipt this Period  
1000.00

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
1000.00

Full Name (Last, First, Middle Initial)  
**C. NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON**

Mailing Address P.O. BOX 2995  
City CORDOVA State TN Zip Code 38088

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2015

Transaction ID : C10630436

FEC ID number of contributing federal political committee. **C** C00023028

Amount of Each Receipt this Period  
1000.00

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
1000.00

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

3000.00

**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 69 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ORGANIZATION OF SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES PAC**

Mailing Address **560 SYLVAN AVENUE**

City **ENGLEWOOD CLIFFS** State **NJ** Zip Code **07632**

FEC ID number of contributing federal political committee. **C C00521039**

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

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10662132**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **51 MADISON AVENUE  
ROOM 1109**

City **NEW YORK** State **NY** Zip Code **10010**

FEC ID number of contributing federal political committee. **C C00158881**

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

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 10 / 2015**

**Transaction ID : C10630435**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **51 MADISON AVENUE  
ROOM 1109**

City **NEW YORK** State **NY** Zip Code **10010**

FEC ID number of contributing federal political committee. **C C00158881**

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

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10661312**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

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

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

\_\_\_\_\_ 6000.00

\_\_\_\_\_

**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 70 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **51 MADISON AVENUE**  
**ROOM 1109**

City **NEW YORK** State **NY** Zip Code **10010**

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10661313**

Amount of Each Receipt this Period  
**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**OFF THE SIDELINES PAC**

Mailing Address **P.O. BOX 78182**

City **WASHINGTON** State **DC** Zip Code **20013**

FEC ID number of contributing federal political committee. **C C00525600**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : C10642880**

Amount of Each Receipt this Period  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**OFF THE SIDELINES PAC**

Mailing Address **P.O. BOX 78182**

City **WASHINGTON** State **DC** Zip Code **20013**

FEC ID number of contributing federal political committee. **C C00525600**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : C10642879**

Amount of Each Receipt this Period  
**5000.00**

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

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

**15000.00**

**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 71 OF 121
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2015
A. Mailing Address 317 MASSACHUSETTS AVENUE, NE 1ST FLOOR		Transaction ID : C10623663
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00343137		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2015
B. Mailing Address 1305 CORPORATE CENTER DRIVE		Transaction ID : C10661456
City EAGAN	State MN	
FEC ID number of contributing federal political committee. C C00498105		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>PUBLIC SERVICE COMPANY OF NEW MEXICO RESPONSIBLE CITIZENS GROUP</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
C. Mailing Address 414 SILVER SW MS 1035		Transaction ID : C10662235
City ALBUQUERQUE	State NM	
FEC ID number of contributing federal political committee. C C00025395		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**SAP AMERICA INC PAC**

Mailing Address 3999 WEST CHESTER PIKE

City State Zip Code  
NEWTOWN SQUARE PA 19703

FEC ID number of contributing federal political committee. **C C00367375**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662137**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address 50 F STREET NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662138**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE**

Mailing Address 18354 QUANTICO GATEWAY DR  
SUITE 200

City State Zip Code  
TRIANGLE VA 22172

FEC ID number of contributing federal political committee. **C C00013342**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

**Transaction ID : C10623662**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00



**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 73 OF 121
	<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)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**UNITED STATES BEET SUGAR ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1156 15TH STREET NW SUITE 1019

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00063586

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10662141**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8TH STREET

City BENTONVILLE State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10653971**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**WINDSTREAM CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 4001 RODNEY PARHAM ROAD

City LITTLE ROCK State AR Zip Code 72212

FEC ID number of contributing federal political committee. **C** C00425975

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10666688**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

95000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.20 <b>Transaction ID : D746658</b>
City Cambridge	State MA	
Purpose of Disbursement Online Credit Card Processing Fee		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>B. Alamo Car Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 4437 Selma Hwy		Amount of Each Disbursement this Period 57.18 <b>Transaction ID : D757802</b>
City Montgomery	State AL	
Purpose of Disbursement Travel - Car Rental		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>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address PO Box 200025		Amount of Each Disbursement this Period 764.20 <b>Transaction ID : D757868</b>
City El Paso	State TX	
Purpose of Disbursement Travel - Airline Ticket		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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	821.58
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. American Self Storage</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 720 Candelaria NE			Amount of Each Disbursement this Period 145.00 <b>Transaction ID : D756813</b>
City Albuquerque	State NM	Zip Code 87107	
Purpose of Disbursement Storage Rental	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)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. American Self Storage</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 720 Candelaria NE			Amount of Each Disbursement this Period 145.00 <b>Transaction ID : D756814</b>
City Albuquerque	State NM	Zip Code 87107	
Purpose of Disbursement Storage Rental	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)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. American Self Storage</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 720 Candelaria NE			Amount of Each Disbursement this Period 145.00 <b>Transaction ID : D757791</b>
City Albuquerque	State NM	Zip Code 87107	
Purpose of Disbursement Storage Rental	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)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	435.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Authorize.Net</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 17.95 <b>Transaction ID : D757792</b>
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Online Credit Card Processing Fee	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>B. Authorize.Net</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 17.95 <b>Transaction ID : D756816</b>
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Online Credit Card Processing Fee	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>C. Authorize.Net</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address PO Box 8999		Amount of Each Disbursement this Period 17.95 <b>Transaction ID : D756817</b>
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Online Credit Card Processing Fee	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 121			
	<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)  
**Friends of Michelle**

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

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement  
Online Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 03 / 2015

Amount of Each Disbursement this Period  
17.95

Transaction ID : D756818

Full Name (Last, First, Middle Initial)  
**B. Ms. Nancy A. Baca**

Mailing Address 423 Tulane PI NE

City Albuquerque State NM Zip Code 87106-2155

Purpose of Disbursement  
Campaign Rent

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 02 / 2015

Amount of Each Disbursement this Period  
596.46

Transaction ID : D743550

Full Name (Last, First, Middle Initial)  
**c. Cafe Bien**

Mailing Address 400 Central Ave SW

City Albuquerque State NM Zip Code 87102

Purpose of Disbursement  
Food - Constituent Meeting

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
02 / 20 / 2015

Amount of Each Disbursement this Period  
15.84

Transaction ID : D757874

**SUBTOTAL** of Disbursements This Page (optional)..... 630.25

**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 78 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Chili's Too</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2015</b>	
Mailing Address <b>3200 E. Airfield Dr</b>			Amount of Each Disbursement this Period <b>7.80</b>	
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75261</b>	Transaction ID : <b>D757865</b>	
Purpose of Disbursement <b>Travel - Food</b>		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>B. Cinemark Theaters</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2015</b>	
Mailing Address <b>4901 Pan American Fwy, NE</b>			Amount of Each Disbursement this Period <b>1869.60</b>	
City <b>Albuquerque</b>	State <b>NM</b>	Zip Code <b>87109</b>	Transaction ID : <b>D757877</b>	
Purpose of Disbursement <b>Event Space/Entertainment</b>		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>c. Commissary DC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 27 / 2015</b>	
Mailing Address <b>1443 P St NW</b>			Amount of Each Disbursement this Period <b>31.68</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>D757883</b>	
Purpose of Disbursement <b>Food - Constituent Meeting</b>		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1909.08</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Cool Springz Trampoline Park</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 26 / 2015</b>
Mailing Address <b>4320 Yale Blvd NE</b>		Amount of Each Disbursement this Period <b>210.00</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87107</b>	Category/Type	
Purpose of Disbursement <b>Event Space Rental</b>	Candidate Name	<b>Transaction ID : D757858</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cricket Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 28 / 2015</b>
Mailing Address <b>6209 Menaul Blvd NE</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87110-3321</b>	Category/Type	
Purpose of Disbursement <b>Campaign Cellphone</b>	Candidate Name	<b>Transaction ID : D757859</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cricket Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 30 / 2015</b>
Mailing Address <b>6209 Menaul Blvd NE</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87110-3321</b>	Category/Type	
Purpose of Disbursement <b>Campaign Cellphone</b>	Candidate Name	<b>Transaction ID : D757819</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>260.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Cricket Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 02 / 2015</b>
Mailing Address <b>6209 Menaul Blvd NE</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>Albuquerque</b>	State <b>NM</b>	Transaction ID : <b>D757786</b>
Zip Code <b>87110-3321</b>	Purpose of Disbursement <b>Campaign Cell Phone</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Air Lines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 02 / 2015</b>
Mailing Address <b>PO Box 20706</b>		Amount of Each Disbursement this Period <b>1142.60</b>
City <b>Atlanta</b>	State <b>GA</b>	Transaction ID : <b>D757787</b>
Zip Code <b>30320-6001</b>	Purpose of Disbursement <b>Travel - Airline Tickets</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Air Lines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2015</b>
Mailing Address <b>PO Box 20706</b>		Amount of Each Disbursement this Period <b>547.20</b>
City <b>Atlanta</b>	State <b>GA</b>	Transaction ID : <b>D757794</b>
Zip Code <b>30320-6001</b>	Purpose of Disbursement <b>Travel - Airline Ticket</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1714.80</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Delta Air Lines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 20 / 2015</b>
Mailing Address <b>PO Box 20706</b>		Amount of Each Disbursement this Period <b>1770.40</b>
City <b>Atlanta</b>	State <b>GA</b>	
Zip Code <b>30320-6001</b>	Purpose of Disbursement <b>Travel - Airline Tickets</b>	<b>Transaction ID : D757876</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Air Lines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 25 / 2015</b>
Mailing Address <b>PO Box 20706</b>		Amount of Each Disbursement this Period <b>35.00</b>
City <b>Atlanta</b>	State <b>GA</b>	
Zip Code <b>30320-6001</b>	Purpose of Disbursement <b>Airfare - Baggage Fee</b>	<b>Transaction ID : D757882</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Democratic Party of Bernalillo County</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 16 / 2015</b>
Mailing Address <b>PO Box 51264</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>Albuquerque</b>	State <b>NM</b>	
Zip Code <b>87181</b>	Purpose of Disbursement <b>Event Fees</b>	<b>Transaction ID : D756789</b>
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2305.40</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. DNC Travel Center</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address Atlanta Airport - Terminal D		Amount of Each Disbursement this Period 10.82 <b>Transaction ID : D757810</b>
City Atlanta	State GA Zip Code 30337	
Purpose of Disbursement Travel - Food	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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DNC Travel Center</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address Atlanta Airport - Terminal D		Amount of Each Disbursement this Period 12.12 <b>Transaction ID : D757870</b>
City Atlanta	State GA Zip Code 30337	
Purpose of Disbursement Travel - Food	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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Doggett's Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address 701 9th Street		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : D757845</b>
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Parking Fee	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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 121	
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Dreamstime.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 12 / 2015</b>
Mailing Address <b>1616 Westgate Circle</b>		Amount of Each Disbursement this Period <b>20.00</b> <b>Transaction ID : D757835</b>
City <b>Brentwood</b> State <b>TN</b> Zip Code <b>37027</b>	Purpose of Disbursement <b>Stock Photo Subscription</b>	
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dreamstime.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 09 / 2015</b>
Mailing Address <b>1616 Westgate Circle</b>		Amount of Each Disbursement this Period <b>20.00</b> <b>Transaction ID : D757837</b>
City <b>Brentwood</b> State <b>TN</b> Zip Code <b>37027</b>	Purpose of Disbursement <b>Stock Photo Subscription</b>	
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dreamstime.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 09 / 2015</b>
Mailing Address <b>1616 Westgate Circle</b>		Amount of Each Disbursement this Period <b>20.00</b> <b>Transaction ID : D757800</b>
City <b>Brentwood</b> State <b>TN</b> Zip Code <b>37027</b>	Purpose of Disbursement <b>Stock Photo Subscription</b>	
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Duran's Central Pharmacy Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 1815 Central Ave NW		Amount of Each Disbursement this Period 316.48 <b>Transaction ID : D757854</b>
City Albuquerque	State NM	
Zip Code 87104-1143	Purpose of Disbursement Food - Staff Meeting	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>B. Farm and Table</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 8917 4th St NW		Amount of Each Disbursement this Period 319.66 <b>Transaction ID : D757849</b>
City Los Ranchos	State NM	
Zip Code 87114-1601	Purpose of Disbursement Volunteer Event Food	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>c. First Data USA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 40.95 <b>Transaction ID : D756803</b>
City Atlanta	State GA	
Zip Code 30342-1651	Purpose of Disbursement Online Credit Card Processing Fee	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	677.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. First Data USA</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 88.16
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Online Credit Card Processing Fee	
Candidate Name	Category/Type	<b>Transaction ID : D756804</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. First Data USA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 229.87
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Online Credit Card Processing Fee	
Candidate Name	Category/Type	<b>Transaction ID : D756805</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Fly Burger Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 6000 N. Terminal Rd		Amount of Each Disbursement this Period 29.89
City Atlanta State GA Zip Code 30337	Purpose of Disbursement Travel - Food	
Candidate Name	Category/Type	<b>Transaction ID : D757862</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	347.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Flying Star Restaurant</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address 723 Silver Ave SW			Amount of Each Disbursement this Period 9.24 <b>Transaction ID : D757863</b>
City Albuquerque	State NM	Zip Code 87102-3018	
Purpose of Disbursement Food - Constituent Meeting		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)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Flying Star Restaurant</b>			Date of Disbursement MM / DD / YYYY 02 / 18 / 2015
Mailing Address 723 Silver Ave SW			Amount of Each Disbursement this Period 10.10 <b>Transaction ID : D757872</b>
City Albuquerque	State NM	Zip Code 87102-3018	
Purpose of Disbursement Food - Constituent Meeting		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)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. Flying Star Restaurant</b>			Date of Disbursement MM / DD / YYYY 03 / 30 / 2015
Mailing Address 723 Silver Ave SW			Amount of Each Disbursement this Period 5.12 <b>Transaction ID : D757818</b>
City Albuquerque	State NM	Zip Code 87102-3018	
Purpose of Disbursement Food - Constituent Meeting		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)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Flying Star Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 14.04
City Albuquerque	State NM	
Zip Code 87102-3018	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D757805
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Flying Star Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 4.21
City Albuquerque	State NM	
Zip Code 87102-3018	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D757807
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Flying Star Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 7.15
City Albuquerque	State NM	
Zip Code 87102-3018	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D756815
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Fontainebleau Resort Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015		
Mailing Address 4441 Collins Ave.			Amount of Each Disbursement this Period 316.04		
City Miami Beach	State FL	Zip Code 33140	Transaction ID : D757790		
Purpose of Disbursement Travel - Lodging		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Fontainebleau Resort Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2015		
Mailing Address 4441 Collins Ave.			Amount of Each Disbursement this Period 482.12		
City Miami Beach	State FL	Zip Code 33140	Transaction ID : D757878		
Purpose of Disbursement Travel - Lodging		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Ft Myer Bowling Center</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015		
Mailing Address 224 McNair Rd			Amount of Each Disbursement this Period 80.00		
City Fort Myer	State VA	Zip Code 22211	Transaction ID : D757806		
Purpose of Disbursement Event Tickets		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	878.16
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Greenberg Quinlan Rosner Research</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 20 / 2015</b>	
Mailing Address <b>10 G St NE Ste 500</b>			Amount of Each Disbursement this Period <b>1220.34</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20002-4228</b>	Transaction ID : <b>D756800</b>	
Purpose of Disbursement <b>Polling Expenses</b>		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>B. Greetings, Etc!</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 16 / 2015</b>	
Mailing Address <b>2505 Commercial St NE</b>			Amount of Each Disbursement this Period <b>406.60</b>	
City <b>Albuquerque</b>	State <b>NM</b>	Zip Code <b>87102-1121</b>	Transaction ID : <b>D756788</b>	
Purpose of Disbursement <b>Printing</b>		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>c. Hampton Inn &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2015</b>	
Mailing Address <b>161 Spring St NW</b>			Amount of Each Disbursement this Period <b>216.04</b>	
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30303</b>	Transaction ID : <b>D757803</b>	
Purpose of Disbursement <b>Travel - Lodging</b>		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1842.98</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Hampton Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 2000 Jefferson Davis Hwy		Amount of Each Disbursement this Period 313.01 <b>Transaction ID : D757852</b>
City Arlington	State VA	
Zip Code 22202-3601	Purpose of Disbursement Travel - Lodging	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>B. Hilton Santa Fe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 100 Sandoval St		Amount of Each Disbursement this Period 29.80 <b>Transaction ID : D757850</b>
City Santa Fe	State NM	
Zip Code 87501	Purpose of Disbursement Food - Constituent Meeting	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>c. Holy Cow</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 700 Central SE		Amount of Each Disbursement this Period 418.06 <b>Transaction ID : D757855</b>
City Albuquerque	State NM	
Zip Code 87102	Purpose of Disbursement Food - Staff Meeting	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	760.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 121		
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Hyatt Regency</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 330 Tijeras Ave NW		Amount of Each Disbursement this Period 264.50
City Albuquerque	State NM	
Zip Code 87102	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D757880
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Inn at Loretto</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2015
Mailing Address 211 Old Santa Fe Trail		Amount of Each Disbursement this Period 66.94
City Santa Fe	State NM	
Zip Code 87501	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D757875
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 5338 Montgomery Blvd NE		Amount of Each Disbursement this Period 1300.00
City Albuquerque	State NM	
Zip Code 87109-1338	Purpose of Disbursement Payroll Taxes	Transaction ID : D757871
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1631.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 5338 Montgomery Blvd NE		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : D757846</b>
City Albuquerque	State NM	
Zip Code 87109-1338	Purpose of Disbursement Payroll Taxes	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>B. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 5338 Montgomery Blvd NE		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : D757809</b>
City Albuquerque	State NM	
Zip Code 87109-1338	Purpose of Disbursement Payroll Taxes	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>c. Intuit Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 21215 Burbank Blvd		Amount of Each Disbursement this Period 12.95 <b>Transaction ID : D757788</b>
City Woodland Hills	State CA	
Zip Code 91367-6607	Purpose of Disbursement Credit Card Processing Fee	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2612.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 121			
	<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)  
**Friends of Michelle**

**A. Intuit Payment Solutions**

Full Name (Last, First, Middle Initial)  
Mailing Address 21215 Burbank Blvd

City Woodland Hills State CA Zip Code 91367-6607

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 02 / 2015

Amount of Each Disbursement this Period: 12.95

Transaction ID : D756806

**B. Intuit Payment Solutions**

Full Name (Last, First, Middle Initial)  
Mailing Address 21215 Burbank Blvd

City Woodland Hills State CA Zip Code 91367-6607

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 02 / 2015

Amount of Each Disbursement this Period: 12.95

Transaction ID : D756807

**c. La Posada de Santa Fe**

Full Name (Last, First, Middle Initial)  
Mailing Address 330 E. Palace Ave

City Santa Fe State NM Zip Code 87501

Purpose of Disbursement  
Travel - Food

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 23 / 2015

Amount of Each Disbursement this Period: 42.54

Transaction ID : D757814

**SUBTOTAL** of Disbursements This Page (optional) ..... 68.44

**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 94 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. La Posada de Santa Fe</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015	
Mailing Address 330 E. Palace Ave			Amount of Each Disbursement this Period 160.11	
City Santa Fe	State NM	Zip Code 87501	Transaction ID : <b>D757804</b>	
Purpose of Disbursement Travel - Lodging		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)	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Lincoln Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015	
Mailing Address 1110 Vermont Ave, NW			Amount of Each Disbursement this Period 58.00	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>D757793</b>	
Purpose of Disbursement Food - Constituent Meeting		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)	
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Mexican Cowboy Tamales</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015	
Mailing Address 1364 Perry PI NW			Amount of Each Disbursement this Period 72.00	
City Washington	State DC	Zip Code 20010	Transaction ID : <b>D756819</b>	
Purpose of Disbursement Food - Constituent Meeting		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)	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	290.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. National Democratic CLub</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 30 Ivy St SE			Amount of Each Disbursement this Period 341.00 <b>Transaction ID : D757811</b>
City Washington	State DC	Zip Code 20003-4006	
Purpose of Disbursement Event Food		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. National Democratic CLub</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 30 Ivy St SE			Amount of Each Disbursement this Period 35.50 <b>Transaction ID : D757816</b>
City Washington	State DC	Zip Code 20003-4006	
Purpose of Disbursement Food - Constituent Meeting		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Sheila A Nelson</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address 2828 Butch Cassidy Dr SW			Amount of Each Disbursement this Period 700.00 <b>Transaction ID : D756794</b>
City Albuquerque	State NM	Zip Code 87121-5013	
Purpose of Disbursement Database Support		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1076.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Sheila A Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 2828 Butch Cassidy Dr SW		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : D743547</b>
City Albuquerque	State NM	
Zip Code 87121-5013	Purpose of Disbursement Database Support	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>B. Sheila A Nelson</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2015
Mailing Address 2828 Butch Cassidy Dr SW		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : D756779</b>
City Albuquerque	State NM	
Zip Code 87121-5013	Purpose of Disbursement Database Support	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>C. New Mexico Dept of Workforce Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address PO Box 2281		Amount of Each Disbursement this Period 223.50 <b>Transaction ID : D757861</b>
City Albuquerque	State NM	
Zip Code 87103-2281	Purpose of Disbursement Payroll Taxes	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1623.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 121		
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. New Mexico Taxation &amp; Revenue Dept</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address PO Box 25127		Amount of Each Disbursement this Period 134.97
City Santa Fe	State NM	
Zip Code 87504-5127	Purpose of Disbursement Payroll Taxes	<b>Transaction ID : D757860</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Mexico Taxation &amp; Revenue Dept</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address PO Box 25127		Amount of Each Disbursement this Period 135.00
City Santa Fe	State NM	
Zip Code 87504-5127	Purpose of Disbursement Payroll Taxes	<b>Transaction ID : D757817</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. New Mexico Taxation &amp; Revenue Dept</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address PO Box 25127		Amount of Each Disbursement this Period 135.00
City Santa Fe	State NM	
Zip Code 87504-5127	Purpose of Disbursement Payroll Taxes	<b>Transaction ID : D757884</b>
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	404.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D756795</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Database, Online contribution fee, broadcast email fee	
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NGP VAN Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D757797</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Email Fee	
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Nob Hill Bar &amp; Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 3128 Central Ave SE		Amount of Each Disbursement this Period 514.28 <b>Transaction ID : D757856</b>
City Albuquerque State NM Zip Code 87106	Purpose of Disbursement Food - Staff Meeting	
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3064.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Office Of The NM Secretary Of State</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 12 / 2015</b>
Mailing Address <b>325 Don Gaspar Ave Ste 300</b>		Amount of Each Disbursement this Period <b>10.36</b>
City <b>Santa Fe</b> State <b>NM</b> Zip Code <b>87501-4401</b>	Purpose of Disbursement <b>Filing Fee</b>	
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)	<b>Transaction ID : D757844</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Palms Trading Company</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 25 / 2015</b>
Mailing Address <b>1504 Lomas Blvd NW</b>		Amount of Each Disbursement this Period <b>116.99</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87104-1238</b>	Purpose of Disbursement <b>Volunteer Recognition Gift</b>	
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)	<b>Transaction ID : D757881</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PhoneTag</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 03 / 2015</b>
Mailing Address <b>3099 N 1st St</b>		Amount of Each Disbursement this Period <b>29.95</b>
City <b>San Jose</b> State <b>CA</b> Zip Code <b>95134-2006</b>	Purpose of Disbursement <b>Voicemail Service</b>	
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)	<b>Transaction ID : D757789</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>157.30</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. PhoneTag</b>		M M / D D / Y Y Y Y 01 / 05 / 2015	
Mailing Address 3099 N 1st St		Amount of Each Disbursement this Period	
City	State	Zip Code	Transaction ID : D756810
San Jose	CA	95134-2006	29.95
Purpose of Disbursement Voicemail Service		Category/ Type	
Candidate Name			
Office Sought:	Disbursement For: 2016		
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> President			
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. PhoneTag</b>		M M / D D / Y Y Y Y 02 / 03 / 2015	
Mailing Address 3099 N 1st St		Amount of Each Disbursement this Period	
City	State	Zip Code	Transaction ID : D756811
San Jose	CA	95134-2006	29.95
Purpose of Disbursement Voicemail Service		Category/ Type	
Candidate Name			
Office Sought:	Disbursement For: 2016		
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> President			
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>c. Pranzo Italian Grill</b>		M M / D D / Y Y Y Y 03 / 23 / 2015	
Mailing Address 540 Montezuma Ave		Amount of Each Disbursement this Period	
City	State	Zip Code	Transaction ID : D757813
Santa Fe	NM	87501	49.47
Purpose of Disbursement Travel - Food		Category/ Type	
Candidate Name			
Office Sought:	Disbursement For: 2016		
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> President			
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	109.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Pueblo Harvest Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 2401 12th St NW		Amount of Each Disbursement this Period 73.23
City Albuquerque	State NM	
Zip Code 87104	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : <b>D757873</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Renaissance Hotel &amp; Resort</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 201 Tallapoosa St		Amount of Each Disbursement this Period 341.88
City Montgomery	State AL	
Zip Code 36104	Purpose of Disbursement Travel - Lodging	Transaction ID : <b>D757801</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Routes Rentals &amp; Tours</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 404 San Filipe St SW		Amount of Each Disbursement this Period 299.60
City Albuquerque	State NM	
Zip Code 87104	Purpose of Disbursement Event Transportation	Transaction ID : <b>D757857</b>
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	714.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 121	
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Sadie's of New Mexico</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 24 / 2015</b>	
Mailing Address <b>6230 Fourth St NW</b>			Amount of Each Disbursement this Period <b>1217.22</b>	
City <b>Albuquerque</b>	State <b>NM</b>	Zip Code <b>87107</b>	Transaction ID : <b>D757879</b>	
Purpose of Disbursement <b>Food for Event</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Safeway</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2015</b>	
Mailing Address <b>490 L Street NW</b>			Amount of Each Disbursement this Period <b>95.09</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D757867</b>	
Purpose of Disbursement <b>Food - Constituent Meeting</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Scalo Northern Italian Grill</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 09 / 2015</b>	
Mailing Address <b>3500 Central Ave SE</b>			Amount of Each Disbursement this Period <b>72.13</b>	
City <b>Albuquerque</b>	State <b>NM</b>	Zip Code <b>87106-1446</b>	Transaction ID : <b>D757864</b>	
Purpose of Disbursement <b>Food - Constituent Meeting</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1384.44</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Security Metrics</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>19</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		19		2015
M M	/	D D	/	Y Y Y Y									
03		19		2015									
Mailing Address 1275 W 1600 N		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Orem</td> <td>UT</td> <td>84057-2428</td> </tr> </table>		City	State	Zip Code	Orem	UT	84057-2428	<table border="1"> <tr> <td>404.96</td> </tr> </table>		404.96			
City	State	Zip Code											
Orem	UT	84057-2428											
404.96													
Purpose of Disbursement Online Security Fee		Transaction ID : D757812											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Shell Oil</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>09</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		09		2015
M M	/	D D	/	Y Y Y Y									
03		09		2015									
Mailing Address 4499 Roswell Rd.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Atlanta</td> <td>GA</td> <td>30342</td> </tr> </table>		City	State	Zip Code	Atlanta	GA	30342	<table border="1"> <tr> <td>15.63</td> </tr> </table>		15.63			
City	State	Zip Code											
Atlanta	GA	30342											
15.63													
Purpose of Disbursement Travel - Gas		Transaction ID : D757799											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Sheraton Philadelphia Society Hill Hotel</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>26</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		26		2015
M M	/	D D	/	Y Y Y Y									
01		26		2015									
Mailing Address 1 Dock St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Philadelphia</td> <td>PA</td> <td>19106</td> </tr> </table>		City	State	Zip Code	Philadelphia	PA	19106	<table border="1"> <tr> <td>1150.00</td> </tr> </table>		1150.00			
City	State	Zip Code											
Philadelphia	PA	19106											
1150.00													
Purpose of Disbursement Travel - Lodging		Transaction ID : D757853											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016											
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1570.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Catherine Sherwood</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 01 / 2015</b>
Mailing Address 1509 Archuleta Dr NE		Amount of Each Disbursement this Period <b>1500.00</b>
City Albuquerque	State NM	
Zip Code 87112-6375	Purpose of Disbursement Communications Consultant	<b>Transaction ID : D756781</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Catherine Sherwood</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2015</b>
Mailing Address 1509 Archuleta Dr NE		Amount of Each Disbursement this Period <b>1500.00</b>
City Albuquerque	State NM	
Zip Code 87112-6375	Purpose of Disbursement Communications Consultant	<b>Transaction ID : D756793</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Catherine Sherwood</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 02 / 2015</b>
Mailing Address 1509 Archuleta Dr NE		Amount of Each Disbursement this Period <b>1500.00</b>
City Albuquerque	State NM	
Zip Code 87112-6375	Purpose of Disbursement Communications Consultant	<b>Transaction ID : D743551</b>
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Slate Street Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 515 Slate Ave NW		Amount of Each Disbursement this Period 1143.00
City Albuquerque	State NM	
Zip Code 87102-2156	Purpose of Disbursement Event Food and Meeting Room	Transaction ID : D757843
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address PO Box 36647-1CR		Amount of Each Disbursement this Period 448.60
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel - Airline Ticket	Transaction ID : D757847
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address PO Box 36647-1CR		Amount of Each Disbursement this Period 217.10
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel - Airline Ticket	Transaction ID : D757848
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1808.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Talay Thai Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 406 First St			Amount of Each Disbursement this Period 58.08
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food - Constituent Meeting		Category/ Type	<b>Transaction ID : D757851</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. The Shed</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 113 E. Palace Ave			Amount of Each Disbursement this Period 21.31
City Santa Fe	State NM	Zip Code 87501	
Purpose of Disbursement Travel - Food		Category/ Type	<b>Transaction ID : D757815</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Toner Stop NM</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 3700 Osuna Rd NE Ste 508			Amount of Each Disbursement this Period 64.19
City Albuquerque	State NM	Zip Code 87109-4461	
Purpose of Disbursement Printer Supplies		Category/ Type	<b>Transaction ID : D756796</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	143.58
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 121	
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. University of New Mexico Marketplace</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2015</b>
Mailing Address <b>1 University of New Mexico</b>		Amount of Each Disbursement this Period <b>75.00</b> <b>Transaction ID : D757795</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87131</b>	Purpose of Disbursement <b>Event Tickets</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stefanie Weber</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 02 / 2015</b>
Mailing Address <b>PO Box 35268</b>		Amount of Each Disbursement this Period <b>1973.75</b> <b>Transaction ID : D743549</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87176-5268</b>	Purpose of Disbursement <b>Salary</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stefanie Weber</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 15 / 2015</b>
Mailing Address <b>PO Box 35268</b>		Amount of Each Disbursement this Period <b>1973.75</b> <b>Transaction ID : D756777</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87176-5268</b>	Purpose of Disbursement <b>Salary</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4022.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Stefanie Weber</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 01 / 2015</b>
Mailing Address <b>PO Box 35268</b>		Amount of Each Disbursement this Period <b>1973.75</b> <b>Transaction ID : D756784</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87176-5268</b>	Purpose of Disbursement <b>Salary</b>	
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stefanie Weber</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 15 / 2015</b>
Mailing Address <b>PO Box 35268</b>		Amount of Each Disbursement this Period <b>1973.75</b> <b>Transaction ID : D756785</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87176-5268</b>	Purpose of Disbursement <b>Salary</b>	
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stefanie Weber</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2015</b>
Mailing Address <b>PO Box 35268</b>		Amount of Each Disbursement this Period <b>1973.75</b> <b>Transaction ID : D756786</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87176-5268</b>	Purpose of Disbursement <b>Salary</b>	
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5921.25</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Stefanie Weber</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2015
Mailing Address PO Box 35268		Amount of Each Disbursement this Period 1973.75
City Albuquerque	State NM	
Zip Code 87176-5268	Purpose of Disbursement Salary	Transaction ID : D756787
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Westin Peachtree Plaza</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 210 Peachtree St NW		Amount of Each Disbursement this Period 26.20
City Atlanta	State GA	
Zip Code 30303	Purpose of Disbursement Travel - Food	Transaction ID : D757798
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wintzells Oyster House</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 105 Commerce St		Amount of Each Disbursement this Period 48.66
City Montgomery	State AL	
Zip Code 36104	Purpose of Disbursement Travel - Food	Transaction ID : D757796
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2048.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 121	
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Zinc Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2015
Mailing Address 3009 Central Ave NE		Amount of Each Disbursement this Period 32.85
City Albuquerque	State NM	
Zip Code 87102	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D757808
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hon. Michelle Lujan Grisham</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1001 Los Arboles Ave NW		Amount of Each Disbursement this Period 297.62
City Albuquerque	State NM	
Zip Code 87107-1141	Purpose of Disbursement Reimburse for Subscription and Food for Meetings, See Below	Transaction ID : D756773
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Apple, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1 Infinite Loop		Amount of Each Disbursement this Period 48.14
City Cupertino	State CA	
Zip Code 95014	Purpose of Disbursement Subscription	Transaction ID : D757971
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]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	330.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Chile Bowl</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1527 4th St NW		Amount of Each Disbursement this Period 16.09
City Albuquerque	State NM	
Purpose of Disbursement Food - Constituent Meeting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Full Name (Last, First, Middle Initial) <b>B. Doggett's Parking</b>

Full Name (Last, First, Middle Initial) <b>B. Doggett's Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 701 9th Street		Amount of Each Disbursement this Period 20.13
City Washington	State DC	
Purpose of Disbursement Parking		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Full Name (Last, First, Middle Initial) <b>C. Dunkin Donuts</b>

Full Name (Last, First, Middle Initial) <b>C. Dunkin Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 5502 4th St NW		Amount of Each Disbursement this Period 5.16
City Albuquerque	State NM	
Purpose of Disbursement Food - Constituent Meeting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Full Name (Last, First, Middle Initial) <b>SUBTOTAL of Disbursements This Page (optional).....</b>

Full Name (Last, First, Middle Initial) <b>SUBTOTAL of Disbursements This Page (optional).....</b>	0.00
<b>TOTAL This Period (last page this line number only).....</b>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Flying Star Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 6.89
City Albuquerque	State NM	
Zip Code 87102-3018	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D757962 <b>[MEMO ITEM]</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Flying Star Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 30.29
City Albuquerque	State NM	
Zip Code 87102-3018	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D757964 <b>[MEMO ITEM]</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Loyola's Family Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 4500 Central Ave SE		Amount of Each Disbursement this Period 26.50
City Albuquerque	State NM	
Zip Code 87108	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D757960 <b>[MEMO ITEM]</b>
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)	
State: District:		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Park Hyatt Washington</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1201 24th St NW			Amount of Each Disbursement this Period 12.00
City Washington	State DC	Zip Code 20037	
Purpose of Disbursement Parking		Category/ Type	<b>Transaction ID : D757963</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Pete's Diner</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 212 2nd St SE			Amount of Each Disbursement this Period 19.01
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food - Constituent Meeting		Category/ Type	<b>Transaction ID : D757967</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Scalo Northern Italian Grill</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 3500 Central Ave SE			Amount of Each Disbursement this Period 59.22
City Albuquerque	State NM	Zip Code 87106-1446	
Purpose of Disbursement Food - Constituent Meeting		Category/ Type	<b>Transaction ID : D757961</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Twisters</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 2809 Juan Tabo NE		Amount of Each Disbursement this Period 3.83
City Albuquerque	State NM	
Purpose of Disbursement Food - Constituent Meeting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Vintage 423</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 8000 Paseo Del Norte		Amount of Each Disbursement this Period 50.34
City Albuquerque	State NM	
Purpose of Disbursement Food - Constituent Meeting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Victoria Oms</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1160 1st St NE #108		Amount of Each Disbursement this Period 379.94
City Washington	State DC	
Purpose of Disbursement Reimburse Event Food, See Below		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	379.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Harris Teeter</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1350 Potomac Ave SE		Amount of Each Disbursement this Period 37.50
City Washington	State DC	
Zip Code 20003-4426	Purpose of Disbursement Food for Event	Transaction ID : D756776
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]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Safeway</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 490 L Street NW		Amount of Each Disbursement this Period 326.44
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Food for Event	Transaction ID : D756775
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]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hon. Michelle Lujan Grisham</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2015
Mailing Address 1001 Los Arboles Ave NW		Amount of Each Disbursement this Period 37.62
City Albuquerque	State NM	
Zip Code 87107-1141	Purpose of Disbursement Reimburse Food for Meetings, See Below	Transaction ID : D756791
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 121	
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Flying Star Restaurant</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2015
Mailing Address 723 Silver Ave SW		Amount of Each Disbursement this Period 36.24
City Albuquerque	State NM	
Zip Code 87102-3018	Purpose of Disbursement Food - Constituent Meeting	Transaction ID : D757952
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]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. McDonald's Restaurant</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2015
Mailing Address Hartsfield Airport		Amount of Each Disbursement this Period 1.38
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel - Food	Transaction ID : D757954
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]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dominic Pius Gabello</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2015
Mailing Address 1331 S. Eads St, Apt. 1103		Amount of Each Disbursement this Period 586.36
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Reimburse Travel, See Below	Transaction ID : D756797
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	586.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Fontainebleau Resort Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 4441 Collins Ave.			Amount of Each Disbursement this Period 498.12
City Miami Beach	State FL	Zip Code 33140	
Purpose of Disbursement Travel - Lodging		Category/ Type	<b>Transaction ID : D757888</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought:	House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Jean-Joseph Williamson Taxi Cab</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 60 63rd St.			Amount of Each Disbursement this Period 48.84
City Miami	State FL	Zip Code 33138	
Purpose of Disbursement Travel - Taxi Fare		Category/ Type	<b>Transaction ID : D757890</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought:	House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Super Yellow Cab</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 3111 NW 27th Ave			Amount of Each Disbursement this Period 39.40
City Miami	State FL	Zip Code 33142	
Purpose of Disbursement Travel - Ground Transportation		Category/ Type	<b>Transaction ID : D757889</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought:	House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Daniel Schegel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 219A E Windsor Ave		Amount of Each Disbursement this Period 671.26 <b>Transaction ID : D756798</b>
City Alexandria	State VA	
Zip Code 22301-1317	Purpose of Disbursement Reimburse Travel, See Below	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>B. Radisson Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 2020 Jefferson Davis Hwy		Amount of Each Disbursement this Period 671.26 <b>Transaction ID : D757887</b> <b>[MEMO ITEM]</b>
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Travel - Lodging	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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	671.26
<b>TOTAL</b> This Period (last page this line number only).....	47943.67

**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 119 OF 121	
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Carlos Barboa</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 21 / 2015</b>
Mailing Address <b>4612 Dona Katalina</b>		Amount of Each Disbursement this Period <b>250.00</b> <b>Transaction ID : D756778</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87121</b>	Purpose of Disbursement <b>Donation to Cancer Fund</b>	
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 02 / 2015</b>
Mailing Address <b>430 S Capitol St SE FI 2</b>		Amount of Each Disbursement this Period <b>10000.00</b> <b>Transaction ID : D756782</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-4024</b>	Purpose of Disbursement <b>Unlimited Transfer to Party Committee</b>	
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 23 / 2015</b>
Mailing Address <b>430 S Capitol St SE FI 2</b>		Amount of Each Disbursement this Period <b>10000.00</b> <b>Transaction ID : D756783</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-4024</b>	Purpose of Disbursement <b>Unlimited Transfer to Party Committee</b>	
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>20250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 121			
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. JROTC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2015
Mailing Address 800 Odelia Rd NE		Amount of Each Disbursement this Period 400.00
City Albuquerque	State NM	
Zip Code 87109	Purpose of Disbursement Donation to Scholarship Fund	<b>Transaction ID : D756790</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Hispanic Cultural Center Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2015
Mailing Address 1701 4th Street SW		Amount of Each Disbursement this Period 750.00
City Albuquerque	State NM	
Zip Code 87102	Purpose of Disbursement Donation	<b>Transaction ID : D756780</b>
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hon. Michelle Lujan Grisham</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2015
Mailing Address 1001 Los Arboles Ave NW		Amount of Each Disbursement this Period 1170.00
City Albuquerque	State NM	
Zip Code 87107-1141	Purpose of Disbursement Reimburse - Donation to Scholarship Fund, See Below	<b>Transaction ID : D758389</b>
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2320.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 121	
	<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)  
**Friends of Michelle**

Full Name (Last, First, Middle Initial) <b>A. Hautepreneurs</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 22 / 2015</b>
Mailing Address <b>6565 Americas Pkwy NE, Suite 200</b>		Amount of Each Disbursement this Period <b>1170.00</b>
City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87110</b>	Purpose of Disbursement <b>Scholarship Donation</b>	
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)	<b>Transaction ID : D757951</b> <b>[MEMO ITEM]</b>
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>22570.00</b>