

# FEC FORM 3P

# REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

LINDSEY GRAHAM 2016

ADDRESS (number and street)

PO BOX 2732

Check if different than previously reported. (ACC)

Columbia

CITY

SC

STATE

29202

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00578757

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

Thirtieth day report following the General Election

on MM / DD / YYYY

Twelfth day report preceding election

on MM / DD / YYYY in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

MM / DD / YYYY 01 / 01 / 2016

through

MM / DD / YYYY 01 / 31 / 2016

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

Type or Print Name of Treasurer

THAD H WESTBROOK

Signature of Treasurer

THAD H WESTBROOK

[Electronically Filed]

Date

MM / DD / YYYY 02 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

# LINDSEY GRAHAM 2016

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

## SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	<input type="text" value="534117.54"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	<input type="text" value="752.66"/>
8. SUBTOTAL (Lines 6 and 7) .....	<input type="text" value="534870.20"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	<input type="text" value="234453.66"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="300416.54"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="57040.70"/>
13. EXPENDITURES SUBJECT TO LIMITATION .....	<input type="text" value="0.00"/>

## NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	<input type="text" value="3544583.14"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="5219888.78"/>

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

**LINDSEY GRAHAM 2016**

Report Covering the Period: From:

MM / DD / YYYY  
01 / 01 / 2016

To:

MM / DD / YYYY  
01 / 31 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	0.00	3310706.72
(ii) unitemized .....	50.00	248767.82
(iii) Total contributions .....	50.00	3559474.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	0.00	61750.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	50.00	3621224.54
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	1975000.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	0.00	32515.78
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	0.00	32515.78
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	702.66	722.18
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	752.66	5629462.50

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

**LINDSEY GRAHAM 2016**

Report Covering the Period: From:

MM / DD / YYYY  
01 / 01 / 2016

To:

MM / DD / YYYY  
01 / 31 / 2016

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

23. OPERATING EXPENDITURES.....	174212.26	5252404.56
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	59241.40	75641.40
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	1000.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	60241.40	76641.40
29. OTHER DISBURSEMENTS .....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	234453.66	5329045.96

**III. CONTRIBUTED ITEMS  
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00	
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FEC FORM 3P,  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00578757

LINDSEY GRAHAM 2016

ADDRESS (number and street)

PO BOX 2732

Columbia

CITY

SC

STATE

29202

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address 1000 1ST AVE  
UNIT 2201

City SEATTLE State WA Zip Code 98104-0902

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.75016**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

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

Mailing Address 1000 1ST AVE  
UNIT 2201

City SEATTLE State WA Zip Code 98104-0902

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.75016B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

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

Mailing Address 1000 1ST AVE  
UNIT 2201

City SEATTLE State WA Zip Code 98104-0902

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.77472**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. BARRON**

Mailing Address 545 PEARL STREET

City BOULDER State CO Zip Code 80302-5001

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

Name of Employer SELF-EMPLOYED Occupation AUTHOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74699**

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

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. BARRON**

Mailing Address 545 PEARL STREET

City BOULDER State CO Zip Code 80302-5001

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

Name of Employer SELF-EMPLOYED Occupation AUTHOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74699B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 18 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS A. BARRON**

Mailing Address 545 PEARL STREET

City BOULDER State CO Zip Code 80302-5001

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

Name of Employer SELF-EMPLOYED Occupation AUTHOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77431**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 18 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address 40 VALLEY RD NW

City ATLANTA State GA Zip Code 30305-1116

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

Name of Employer MESA CAPITAL PARTNERS Occupation INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74297**

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

CONTRIBUTION

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**

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

Mailing Address 40 VALLEY RD NW

City ATLANTA State GA Zip Code 30305-1116

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

Name of Employer MESA CAPITAL PARTNERS Occupation INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74297B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 27 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

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

Mailing Address 40 VALLEY RD NW

City ATLANTA State GA Zip Code 30305-1116

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

Name of Employer MESA CAPITAL PARTNERS Occupation INVESTOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77506**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 27 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **6867 CAVIRO LN**

City **BOYNTON BEACH** State **FL** Zip Code **33437-3731**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.77330**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period  

2300.00
---------

**[MEMO ITEM]**

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

Mailing Address **6867 CAVIRO LN**

City **BOYNTON BEACH** State **FL** Zip Code **33437-3731**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.77330B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
01			18			2016			

CONTRIBUTION

Amount of Each Receipt this Period  

-2300.00
----------

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

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

Mailing Address **6867 CAVIRO LN**

City **BOYNTON BEACH** State **FL** Zip Code **33437-3731**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.77486**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
01			18			2016			

CONTRIBUTION

Amount of Each Receipt this Period  

2300.00
---------

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional)..... 

0.00
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**Total This Period** (last page this line number only)..... 

0.00
------

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

PAGE 12 / 150

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

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

RICHARD BERKOWITZ

Mailing Address 223 FAIRMONT DRIVE

City	State	Zip Code
SHELBY	NC	28150-8215

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CAROLINA CHIROPRACTIC PLUS	CHIROPRACTIC PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.76284

Date of Receipt  

M M / D D / Y Y Y Y
10 / 02 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

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

RICHARD BERKOWITZ

Mailing Address 223 FAIRMONT DRIVE

City	State	Zip Code
SHELBY	NC	28150-8215

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CAROLINA CHIROPRACTIC PLUS	CHIROPRACTIC PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.76284B

Date of Receipt  

M M / D D / Y Y Y Y
01 / 18 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]  
 REDESIGNATION TO PRIMARY

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

RICHARD BERKOWITZ

Mailing Address 223 FAIRMONT DRIVE

City	State	Zip Code
SHELBY	NC	28150-8215

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CAROLINA CHIROPRACTIC PLUS	CHIROPRACTIC PHYSICIAN

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.77475

Date of Receipt  

M M / D D / Y Y Y Y
01 / 18 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]  
 REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**PAULA HARPER BETHEA**

Mailing Address 51 PENINSULA DRIVE

City State Zip Code  
HILTON HEAD ISLAND SC 29926-1134

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SCEL CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.73109**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**PAULA HARPER BETHEA**

Mailing Address 51 PENINSULA DRIVE

City State Zip Code  
HILTON HEAD ISLAND SC 29926-1134

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SCEL CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.73109B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 23 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**PAULA HARPER BETHEA**

Mailing Address 51 PENINSULA DRIVE

City State Zip Code  
HILTON HEAD ISLAND SC 29926-1134

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SCEL CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.77462**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 23 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAN C. BREEDEN JR.**

Mailing Address 171 TWIN POND DR.

City State Zip Code  
SPARTANBURG SC 29307-1281

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
JOHNSON DEVELOPMENT, INC. CFO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74725**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAN C. BREEDEN JR.**

Mailing Address 171 TWIN POND DR.

City State Zip Code  
SPARTANBURG SC 29307-1281

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
JOHNSON DEVELOPMENT, INC. CFO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74725B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAN C. BREEDEN JR.**

Mailing Address 171 TWIN POND DR.

City State Zip Code  
SPARTANBURG SC 29307-1281

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
JOHNSON DEVELOPMENT, INC. CFO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77441**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. W. LEE BUSSELL**

Mailing Address 205 MILLPOINT CT.

City State Zip Code  
CHAPIN SC 29036-7647

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

Name of Employer Occupation  
CHERNOFF NEWMAN CEO AD/PR FIRM

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74692**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
300.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. W. LEE BUSSELL**

Mailing Address 205 MILLPOINT CT.

City State Zip Code  
CHAPIN SC 29036-7647

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

Name of Employer Occupation  
CHERNOFF NEWMAN CEO AD/PR FIRM

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74692B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 18 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
-300.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. W. LEE BUSSELL**

Mailing Address 205 MILLPOINT CT.

City State Zip Code  
CHAPIN SC 29036-7647

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

Name of Employer Occupation  
CHERNOFF NEWMAN CEO AD/PR FIRM

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77435**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 18 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
300.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. BETTY H. CARRIGAN**

Mailing Address 320 RANGE ROAD

City State Zip Code  
KINGS MOUNTAIN NC 28086-8573

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

Name of Employer Occupation  
CHEROKEE AUTO AUCTION, INC. PRESIDENT AND OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.76392**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
400.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. BETTY H. CARRIGAN**

Mailing Address 320 RANGE ROAD

City State Zip Code  
KINGS MOUNTAIN NC 28086-8573

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

Name of Employer Occupation  
CHEROKEE AUTO AUCTION, INC. PRESIDENT AND OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.76392B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-400.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MRS. BETTY H. CARRIGAN**

Mailing Address 320 RANGE ROAD

City State Zip Code  
KINGS MOUNTAIN NC 28086-8573

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

Name of Employer Occupation  
CHEROKEE AUTO AUCTION, INC. PRESIDENT AND OWNER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77498**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
400.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 17 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES A. CARRIGAN**

Mailing Address 320 RANGE ROAD

City State Zip Code  
KINGS MOUNTAIN NC 28086-8573

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

Name of Employer Occupation  
CHEROKEE AUTO AUCTIONS PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.76390**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES A. CARRIGAN**

Mailing Address 320 RANGE ROAD

City State Zip Code  
KINGS MOUNTAIN NC 28086-8573

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

Name of Employer Occupation  
CHEROKEE AUTO AUCTIONS PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.76390B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES A. CARRIGAN**

Mailing Address 320 RANGE ROAD

City State Zip Code  
KINGS MOUNTAIN NC 28086-8573

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

Name of Employer Occupation  
CHEROKEE AUTO AUCTIONS PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77499**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 18 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="checked" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE R. CASSELS**

Mailing Address 5001 WITTERING DR.

City	State	Zip Code
COLUMBIA	SC	29206-2922

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75668**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE R. CASSELS**

Mailing Address 5001 WITTERING DR.

City	State	Zip Code
COLUMBIA	SC	29206-2922

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75668B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	6

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE R. CASSELS**

Mailing Address 5001 WITTERING DR.

City	State	Zip Code
COLUMBIA	SC	29206-2922

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2020

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77466**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	6

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM TOBIN CASSELS III**

Mailing Address **P.O. BOX 1691**

City	State	Zip Code
COLUMBIA	SC	29202-1691

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

Name of Employer	Occupation
SOUTHEASTERN FREIGHT LINES	PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75671**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM TOBIN CASSELS III**

Mailing Address **P.O. BOX 1691**

City	State	Zip Code
COLUMBIA	SC	29202-1691

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

Name of Employer	Occupation
SOUTHEASTERN FREIGHT LINES	PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75671B**

Date of Receipt

M M / D D / Y Y Y Y
01 / 27 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

-2700.00

**[MEMO ITEM]**

REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM TOBIN CASSELS III**

Mailing Address **P.O. BOX 1691**

City	State	Zip Code
COLUMBIA	SC	29202-1691

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

Name of Employer	Occupation
SOUTHEASTERN FREIGHT LINES	PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77467**

Date of Receipt

M M / D D / Y Y Y Y
01 / 27 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

**[MEMO ITEM]**

REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 20 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

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

Mailing Address 500 ORACLE PARKWAY

City State Zip Code  
REDWOOD CITY CA 94065-1677

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ORACLE EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.75707**

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

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**SAFRA A. CATZ**

Mailing Address 500 ORACLE PARKWAY

City State Zip Code  
REDWOOD CITY CA 94065-1677

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ORACLE EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.75707B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 21 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**SAFRA A. CATZ**

Mailing Address 500 ORACLE PARKWAY

City State Zip Code  
REDWOOD CITY CA 94065-1677

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ORACLE EXECUTIVE

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.77473**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 21 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 21 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JUDITH C. COPPEDGE**

Mailing Address 315 OCEAN VIEW DRIVW

City MYRTLE BEACH State SC Zip Code 29572

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.76508**

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

CONTRIBUTION

Amount of Each Receipt this Period  
 800.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JUDITH C. COPPEDGE**

Mailing Address 315 OCEAN VIEW DRIVW

City MYRTLE BEACH State SC Zip Code 29572

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.76508B**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 16 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
 -800.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JUDITH C. COPPEDGE**

Mailing Address 315 OCEAN VIEW DRIVW

City MYRTLE BEACH State SC Zip Code 29572

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.77469**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 16 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
 800.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 22 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JUDITH C. COPPEDGE**

Mailing Address 315 OCEAN VIEW DRIVW

City MYRTLE BEACH State SC Zip Code 29572

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.76509**

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

CONTRIBUTION

Amount of Each Receipt this Period  
 1900.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JUDITH C. COPPEDGE**

Mailing Address 315 OCEAN VIEW DRIVW

City MYRTLE BEACH State SC Zip Code 29572

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.76509B**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 16 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
 -1900.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JUDITH C. COPPEDGE**

Mailing Address 315 OCEAN VIEW DRIVW

City MYRTLE BEACH State SC Zip Code 29572

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.77470**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 16 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
 1900.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**LLOYD W. COPPEDGE**

Mailing Address 315 OCEAN VIEW DRIVE

City MYRTLE BEACH State SC Zip Code 29572-5648

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.76510**

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

CONTRIBUTION

Amount of Each Receipt this Period  
 2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**LLOYD W. COPPEDGE**

Mailing Address 315 OCEAN VIEW DRIVE

City MYRTLE BEACH State SC Zip Code 29572-5648

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.76510B**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 28 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
 -2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**LLOYD W. COPPEDGE**

Mailing Address 315 OCEAN VIEW DRIVE

City MYRTLE BEACH State SC Zip Code 29572-5648

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.77468**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 28 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
 2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS E. DREW**

Mailing Address 1630 AZTEC LANE

City State Zip Code  
MOUNT PLEASANT SC 29466-8863

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.73621**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS E. DREW**

Mailing Address 1630 AZTEC LANE

City State Zip Code  
MOUNT PLEASANT SC 29466-8863

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.73621B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 17 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS E. DREW**

Mailing Address 1630 AZTEC LANE

City State Zip Code  
MOUNT PLEASANT SC 29466-8863

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.77436**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 17 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LYNN DREW**

Mailing Address 1630 AZTEC LN.

City State Zip Code  
MOUNT PLEASANT SC 29466-8863

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

Name of Employer Occupation  
SELF-EMPLOYED BUSINESS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75567**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LYNN DREW**

Mailing Address 1630 AZTEC LN.

City State Zip Code  
MOUNT PLEASANT SC 29466-8863

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

Name of Employer Occupation  
SELF-EMPLOYED BUSINESS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75567B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 16 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LYNN DREW**

Mailing Address 1630 AZTEC LN.

City State Zip Code  
MOUNT PLEASANT SC 29466-8863

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

Name of Employer Occupation  
SELF-EMPLOYED BUSINESS

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77482**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 16 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARK ELLMAN**

Mailing Address 435 E 52ND ST  
APT 10D

City State Zip Code  
NEW YORK NY 10022-6445

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.76520**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK ELLMAN**

Mailing Address 435 E 52ND ST  
APT 10D

City State Zip Code  
NEW YORK NY 10022-6445

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.76520B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 16 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARK ELLMAN**

Mailing Address 435 E 52ND ST  
APT 10D

City State Zip Code  
NEW YORK NY 10022-6445

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

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77489**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 16 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES L. ERVIN**

Mailing Address 410 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003-1819

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

Name of Employer Occupation  
ETA PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77349**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES L. ERVIN**

Mailing Address 410 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003-1819

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

Name of Employer Occupation  
ETA PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77349B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 13 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-250.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES L. ERVIN**

Mailing Address 410 1ST ST SE

City State Zip Code  
WASHINGTON DC 20003-1819

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

Name of Employer Occupation  
ETA PRINCIPAL

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77501**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 13 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KAY B. FLOYD**

Mailing Address 518 ROSEWOOD DR.

City	State	Zip Code
FLORENCE	SC	29501-5456

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75702**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		22		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**

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

Mailing Address 518 ROSEWOOD DR.

City	State	Zip Code
FLORENCE	SC	29501-5456

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75702B**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		17		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**KAY B. FLOYD**

Mailing Address 518 ROSEWOOD DR.

City	State	Zip Code
FLORENCE	SC	29501-5456

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77434**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		17		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT T. FORD**

Mailing Address 22311 HIGHWAY 10

City State Zip Code  
LITTLE ROCK AR 72223-4449

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WESTROCK GROUP, LLC EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.76507**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT T. FORD**

Mailing Address 22311 HIGHWAY 10

City State Zip Code  
LITTLE ROCK AR 72223-4449

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WESTROCK GROUP, LLC EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.76507B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 27 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT T. FORD**

Mailing Address 22311 HIGHWAY 10

City State Zip Code  
LITTLE ROCK AR 72223-4449

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WESTROCK GROUP, LLC EXECUTIVE

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

**Transaction ID : SA17.77464**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 27 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD H. FRANK**

Mailing Address 12753 MULHOLLAND DR

City State Zip Code  
BEVERLY HILLS CA 90210-1330

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

Name of Employer Occupation  
FRANK FAMILY VINEYARDS WINERY OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.73096**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD H. FRANK**

Mailing Address 12753 MULHOLLAND DR

City State Zip Code  
BEVERLY HILLS CA 90210-1330

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

Name of Employer Occupation  
FRANK FAMILY VINEYARDS WINERY OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.73096B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD H. FRANK**

Mailing Address 12753 MULHOLLAND DR

City State Zip Code  
BEVERLY HILLS CA 90210-1330

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

Name of Employer Occupation  
FRANK FAMILY VINEYARDS WINERY OWNER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77406**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALVIN HAMMER**

Mailing Address **68 LENWOOD BLVD.**

City State Zip Code  
**CHARLESTON SC 29401-2339**

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

Name of Employer Occupation  
**SELF-EMPLOYED ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.73624**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 25 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2300.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALVIN HAMMER**

Mailing Address **68 LENWOOD BLVD.**

City State Zip Code  
**CHARLESTON SC 29401-2339**

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

Name of Employer Occupation  
**SELF-EMPLOYED ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.73624B**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 21 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2300.00**

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. ALVIN HAMMER**

Mailing Address **68 LENWOOD BLVD.**

City State Zip Code  
**CHARLESTON SC 29401-2339**

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

Name of Employer Occupation  
**SELF-EMPLOYED ATTORNEY**

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.77440**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 21 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**2300.00**

**[MEMO ITEM]  
REDESIGNATION FROM GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

A. Full Name (Last, First, Middle Initial)  
OLIVER HARPER

Mailing Address 7251 N CENTRAL AVE

City	State	Zip Code
PHOENIX	AZ	85020-4850

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	PHYSICIAN

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.77336

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)  
OLIVER HARPER

Mailing Address 7251 N CENTRAL AVE

City	State	Zip Code
PHOENIX	AZ	85020-4850

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	PHYSICIAN

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.77336B

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			14			2016			

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

REDESIGNATION TO PRIMARY

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

Mailing Address 7251 N CENTRAL AVE

City	State	Zip Code
PHOENIX	AZ	85020-4850

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	PHYSICIAN

Receipt For: 2020

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.77396

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			14			2016			

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE D. JOHNSON JR.**

Mailing Address P.O. BOX 3524

City State Zip Code  
SPARTANBURG SC 29304

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

Name of Employer Occupation  
JOHNSON DEVELOPMENT, INC. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74307**

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE D. JOHNSON JR.**

Mailing Address P.O. BOX 3524

City State Zip Code  
SPARTANBURG SC 29304

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

Name of Employer Occupation  
JOHNSON DEVELOPMENT, INC. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74307B**

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE D. JOHNSON JR.**

Mailing Address P.O. BOX 3524

City State Zip Code  
SPARTANBURG SC 29304

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

Name of Employer Occupation  
JOHNSON DEVELOPMENT, INC. CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77395**

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN P. JOHNSON**

Mailing Address P.O. BOX 3524

City	State	Zip Code
SPARTANBURG	SC	29304-3524

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74309**

Date of Receipt

M M / D D / Y Y Y Y
08 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN P. JOHNSON**

Mailing Address P.O. BOX 3524

City	State	Zip Code
SPARTANBURG	SC	29304-3524

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74309B**

Date of Receipt

M M / D D / Y Y Y Y
01 / 14 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN P. JOHNSON**

Mailing Address P.O. BOX 3524

City	State	Zip Code
SPARTANBURG	SC	29304-3524

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77418**

Date of Receipt

M M / D D / Y Y Y Y
01 / 14 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ERIC H. JOSTROM**

Mailing Address 53 S MAIN ST

City State Zip Code  
IPSWICH MA 01938-2321

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

Name of Employer Occupation  
IPSWICH INVESTMENT MANAGEMENT CO. CHAIRMAN AND CIO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75712**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ERIC H. JOSTROM**

Mailing Address 53 S MAIN ST

City State Zip Code  
IPSWICH MA 01938-2321

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

Name of Employer Occupation  
IPSWICH INVESTMENT MANAGEMENT CO. INC. CHAIRMAN AND CIO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75712B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-1000.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. ERIC H. JOSTROM**

Mailing Address 53 S MAIN ST

City State Zip Code  
IPSWICH MA 01938-2321

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

Name of Employer Occupation  
IPSWICH INVESTMENT MANAGEMENT CO. INC. CHAIRMAN AND CIO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77479**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **P.O. BOX 728**

City **GREENVILLE** State **SC** Zip Code **29602-0728**

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

Name of Employer **WYCHE, PA** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.74572**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 27 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City **GREENVILLE** State **SC** Zip Code **29602-0728**

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

Name of Employer **WYCHE, PA** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.74572B**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 14 / 2016**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-250.00**

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City **GREENVILLE** State **SC** Zip Code **29602-0728**

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

Name of Employer **WYCHE, PA** Occupation **ATTORNEY**

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.77389**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 14 / 2016**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]  
REDESIGNATION FROM GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address P.O. BOX 728

City State Zip Code  
GREENVILLE SC 29602-0728

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

Name of Employer Occupation  
WYCHE, PA ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74573**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address P.O. BOX 728

City State Zip Code  
GREENVILLE SC 29602-0728

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

Name of Employer Occupation  
WYCHE, PA ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74573B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 14 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-250.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address P.O. BOX 728

City State Zip Code  
GREENVILLE SC 29602-0728

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

Name of Employer Occupation  
WYCHE, PA ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77390**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 14 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **P.O. BOX 728**

City State Zip Code  
**GREENVILLE SC 29602-0728**

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

Name of Employer Occupation  
**WYCHE, PA ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.74574**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 28 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City State Zip Code  
**GREENVILLE SC 29602-0728**

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

Name of Employer Occupation  
**WYCHE, PA ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.74574B**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 14 2016**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**-250.00**

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City State Zip Code  
**GREENVILLE SC 29602-0728**

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

Name of Employer Occupation  
**WYCHE, PA ATTORNEY**

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.77391**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 14 2016**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]  
REDESIGNATION FROM GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **P.O. BOX 728**

City State Zip Code  
**GREENVILLE SC 29602-0728**

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

Name of Employer Occupation  
**WYCHE, PA ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.76515**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 31 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City State Zip Code  
**GREENVILLE SC 29602-0728**

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

Name of Employer Occupation  
**WYCHE, PA ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.76515B**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 14 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**-250.00**

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. KEHL**

Mailing Address **P.O. BOX 728**

City State Zip Code  
**GREENVILLE SC 29602-0728**

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

Name of Employer Occupation  
**WYCHE, PA ATTORNEY**

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.77490**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 14 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]  
REDESIGNATION FROM GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 40 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

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

**MRS. KIMBERLY V. KENT**

Mailing Address 2 W HILLCREST DR

City State Zip Code  
GREENVILLE SC 29609-4616

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

Name of Employer Occupation  
COPPER DOME STRATEGIES, LLC LOBBYIST AND CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74305**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**

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

**MRS. KIMBERLY V. KENT**

Mailing Address 2 W HILLCREST DR

City State Zip Code  
GREENVILLE SC 29609-4616

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

Name of Employer Occupation  
COPPER DOME STRATEGIES, LLC LOBBYIST AND CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74305B**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 28 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

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

**MRS. KIMBERLY V. KENT**

Mailing Address 2 W HILLCREST DR

City State Zip Code  
GREENVILLE SC 29609-4616

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

Name of Employer Occupation  
COPPER DOME STRATEGIES, LLC LOBBYIST AND CONSULTANT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77481**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 28 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARK B. KENT**

Mailing Address **2 W. HILLCREST DR.**

City State Zip Code  
**GREENVILLE SC 29609-4616**

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

Name of Employer Occupation  
**KENT WORLDWIDE PRESIDENT & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.75570**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 13 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2600.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK B. KENT**

Mailing Address **2 W. HILLCREST DR.**

City State Zip Code  
**GREENVILLE SC 29609-4616**

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

Name of Employer Occupation  
**KENT WORLDWIDE PRESIDENT & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.75570B**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 28 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2600.00**

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARK B. KENT**

Mailing Address **2 W. HILLCREST DR.**

City State Zip Code  
**GREENVILLE SC 29609-4616**

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

Name of Employer Occupation  
**KENT WORLDWIDE PRESIDENT & CEO**

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.77465**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 28 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**2600.00**

**[MEMO ITEM]  
REDESIGNATION FROM GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SETH A. KLARMAN**

Mailing Address P.O. BOX 171733

City State Zip Code  
BOSTON MA 02117-3506

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

Name of Employer Occupation  
BAUPOST GROUP FOUNDER & PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75713**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. SETH A. KLARMAN**

Mailing Address P.O. BOX 171733

City State Zip Code  
BOSTON MA 02117-3506

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

Name of Employer Occupation  
BAUPOST GROUP FOUNDER & PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75713B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. SETH A. KLARMAN**

Mailing Address P.O. BOX 171733

City State Zip Code  
BOSTON MA 02117-3506

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

Name of Employer Occupation  
BAUPOST GROUP FOUNDER & PRESIDENT

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77500**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. KNIGHT**

Mailing Address **107 LANNEAU DRIVE**

City **GREENVILLE** State **SC** Zip Code **29605-1709**

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

Name of Employer **PUBLIC STRATEGY, LLC** Occupation **PUBLIC RELATIONS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.76278**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  

1000.00
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**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. KNIGHT**

Mailing Address **107 LANNEAU DRIVE**

City **GREENVILLE** State **SC** Zip Code **29605-1709**

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

Name of Employer **PUBLIC STRATEGY, LLC** Occupation **PUBLIC RELATIONS**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.76278B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
01			15			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period  

-1000.00
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**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

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

Mailing Address **107 LANNEAU DRIVE**

City **GREENVILLE** State **SC** Zip Code **29605-1709**

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

Name of Employer **PUBLIC STRATEGY, LLC** Occupation **PUBLIC RELATIONS**

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.77492**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
01			15			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period  

1000.00
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**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page (optional)**.....▶ 

0.00
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**Total This Period (last page this line number only)**.....▶ 

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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 44 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**DR. J. THOMAS LATHAM JR.**

Mailing Address 122 PARKINS LAKE ROAD

City State Zip Code  
GREENVILLE SC 29607-3636

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UPSTATE PATHOLOGY PA. PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77346**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**DR. J. THOMAS LATHAM JR.**

Mailing Address 122 PARKINS LAKE ROAD

City State Zip Code  
GREENVILLE SC 29607-3636

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UPSTATE PATHOLOGY PA. PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77346B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**DR. J. THOMAS LATHAM JR.**

Mailing Address 122 PARKINS LAKE ROAD

City State Zip Code  
GREENVILLE SC 29607-3636

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UPSTATE PATHOLOGY PA. PHYSICIAN

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77471**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STUART H. LEGRAND**

Mailing Address P.O. BOX 727

City State Zip Code  
SHELBY NC 28151-0727

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74282**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. STUART H. LEGRAND**

Mailing Address P.O. BOX 727

City State Zip Code  
SHELBY NC 28151-0727

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74282B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. STUART H. LEGRAND**

Mailing Address P.O. BOX 727

City State Zip Code  
SHELBY NC 28151-0727

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77485**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD C. LEVY JR.**

Mailing Address 970 SHIRLEY RD

City State Zip Code  
BIRMINGHAM MI 48009-3730

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
EDWARD C. LEVY COMPANY EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69745**

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD C. LEVY JR.**

Mailing Address 970 SHIRLEY RD

City State Zip Code  
BIRMINGHAM MI 48009-3730

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
EDWARD C. LEVY COMPANY EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69745B**

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD C. LEVY JR.**

Mailing Address 970 SHIRLEY RD

City State Zip Code  
BIRMINGHAM MI 48009-3730

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
EDWARD C. LEVY COMPANY EXECUTIVE

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77477**

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]  
REDESIGNATION FROM GENERAL**

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 47 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address 435 E. 52ND ST., APT. 10D

City State Zip Code  
NEW YORK NY 10022-6445

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

Name of Employer Occupation  
SKADDEN, ARPS, SLATE, MEAGHER ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.76521**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 23 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2300.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**NANCY A. LIEBERMAN**

Mailing Address 435 E. 52ND ST., APT. 10D

City State Zip Code  
NEW YORK NY 10022-6445

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

Name of Employer Occupation  
SKADDEN, ARPS, SLATE, MEAGHER ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.76521B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 16 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2300.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**NANCY A. LIEBERMAN**

Mailing Address 435 E. 52ND ST., APT. 10D

City State Zip Code  
NEW YORK NY 10022-6445

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

Name of Employer Occupation  
SKADDEN, ARPS, SLATE, MEAGHER ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77412**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 16 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2300.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. E. SMYTH MCKISSICK III**

Mailing Address 1611 PARKINS MILL RD

City State Zip Code  
GREENVILLE SC 29607-3642

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ALICE MANUFACTURING CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73077**

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. E. SMYTH MCKISSICK III**

Mailing Address 1611 PARKINS MILL RD

City State Zip Code  
GREENVILLE SC 29607-3642

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ALICE MANUFACTURING CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73077B**

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. E. SMYTH MCKISSICK III**

Mailing Address 1611 PARKINS MILL RD

City State Zip Code  
GREENVILLE SC 29607-3642

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ALICE MANUFACTURING CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77404**

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARTHA W. MCKISSICK**

Mailing Address 1611 PARKINS MILL ROAD

City	State	Zip Code
GREENVILLE	SC	29607-3642

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73079**

Date of Receipt

M M / D D / Y Y Y Y
06 / 29 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARTHA W. MCKISSICK**

Mailing Address 1611 PARKINS MILL ROAD

City	State	Zip Code
GREENVILLE	SC	29607-3642

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.73079B**

Date of Receipt

M M / D D / Y Y Y Y
01 / 23 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARTHA W. MCKISSICK**

Mailing Address 1611 PARKINS MILL ROAD

City	State	Zip Code
GREENVILLE	SC	29607-3642

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2020

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77432**

Date of Receipt

M M / D D / Y Y Y Y
01 / 23 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID MCMORRIS**

Mailing Address 89 DOANE STREET

City State Zip Code  
COHASSET MA 02025-1514

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

Name of Employer Occupation  
THORNTON LAW FIRM LLP ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77357**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2300.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID MCMORRIS**

Mailing Address 89 DOANE STREET

City State Zip Code  
COHASSET MA 02025-1514

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

Name of Employer Occupation  
THORNTON LAW FIRM LLP ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77357B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2300.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID MCMORRIS**

Mailing Address 89 DOANE STREET

City State Zip Code  
COHASSET MA 02025-1514

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

Name of Employer Occupation  
THORNTON LAW FIRM LLP ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77476**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
2300.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES C. MORTON JR.**

Mailing Address **810 CRESCENT AVE**

City State Zip Code  
**GREENVILLE SC 29601-4415**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.77351**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 / 16 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2500.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES C. MORTON JR.**

Mailing Address **810 CRESCENT AVE**

City State Zip Code  
**GREENVILLE SC 29601-4415**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.77351B**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 15 / 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2500.00**

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES C. MORTON JR.**

Mailing Address **810 CRESCENT AVE**

City State Zip Code  
**GREENVILLE SC 29601-4415**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.77497**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 15 / 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**2500.00**

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional)..... **0.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. O. WARREN MOWRY JR.**

Mailing Address 25 AUGUSTA COURT

City State Zip Code  
GREENVILLE SC 29605-1952

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

Name of Employer Occupation  
8TH CIRCUIT SOLICITOR'S OFFICE ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77348**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
300.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. O. WARREN MOWRY JR.**

Mailing Address 25 AUGUSTA COURT

City State Zip Code  
GREENVILLE SC 29605-1952

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

Name of Employer Occupation  
8TH CIRCUIT SOLICITOR'S OFFICE ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77348B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 21 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-300.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. O. WARREN MOWRY JR.**

Mailing Address 25 AUGUSTA COURT

City State Zip Code  
GREENVILLE SC 29605-1952

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

Name of Employer Occupation  
8TH CIRCUIT SOLICITOR'S OFFICE ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77484**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 21 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
300.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

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

**MR. GEORGE WESTON NALLEY JR.**

Mailing Address 1416 POWDERSVILLE RD

City	State	Zip Code
EASLEY	SC	29642-3548

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NALLEY CONSTRUCTION COMPANY	REAL ESTATE DEVELOPER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74289**

Date of Receipt

M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
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**[MEMO ITEM]**

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

**MR. GEORGE WESTON NALLEY JR.**

Mailing Address 1416 POWDERSVILLE RD

City	State	Zip Code
EASLEY	SC	29642-3548

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NALLEY CONSTRUCTION COMPANY	REAL ESTATE DEVELOPER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.74289B**

Date of Receipt

M M / D D / Y Y Y Y
01 / 18 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="-2700.00"/>
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**[MEMO ITEM]**

REDESIGNATION TO PRIMARY

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

**MR. GEORGE WESTON NALLEY JR.**

Mailing Address 1416 POWDERSVILLE RD

City	State	Zip Code
EASLEY	SC	29642-3548

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NALLEY CONSTRUCTION COMPANY	REAL ESTATE DEVELOPER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77417**

Date of Receipt

M M / D D / Y Y Y Y
01 / 18 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

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**[MEMO ITEM]**

REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address 501 CAMELLIA CIRCLE

City	State	Zip Code
FLORENCE	SC	29501-5771

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
VICTORS	BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.76262**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**

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

Mailing Address 501 CAMELLIA CIRCLE

City	State	Zip Code
FLORENCE	SC	29501-5771

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
VICTORS	BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.76262B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
01			15			2016			

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

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

Mailing Address 501 CAMELLIA CIRCLE

City	State	Zip Code
FLORENCE	SC	29501-5771

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
VICTORS	BUSINESS OWNER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77425**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
01			15			2016			

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **3 D'ALLESIO DRIVE**

City State Zip Code  
**CARTERET NJ 07008**

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

Name of Employer Occupation  
**NEW YORK MARRIOTT MARQUIS TOURISM EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.77365**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 18 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]**

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

Mailing Address **3 D'ALLESIO DRIVE**

City State Zip Code  
**CARTERET NJ 07008**

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

Name of Employer Occupation  
**NEW YORK MARRIOTT MARQUIS TOURISM EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.77365B**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 15 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**-500.00**

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

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

Mailing Address **3 D'ALLESIO DRIVE**

City State Zip Code  
**CARTERET NJ 07008**

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

Name of Employer Occupation  
**NEW YORK MARRIOTT MARQUIS TOURISM EXECUTIVE**

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**0.00**

**Transaction ID : SA17.77428**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 15 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]  
REDESIGNATION FROM GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID POSEK**

Mailing Address 274 DORAL DR.

City State Zip Code  
PAWLEYS ISLAND SC 29585-6782

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75024**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID POSEK**

Mailing Address 274 DORAL DR.

City State Zip Code  
PAWLEYS ISLAND SC 29585-6782

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75024B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
-1000.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID POSEK**

Mailing Address 274 DORAL DR.

City State Zip Code  
PAWLEYS ISLAND SC 29585-6782

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77426**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID POSEK**

Mailing Address 274 DORAL DR.

City <b>PAWLEYS ISLAND</b>	State <b>SC</b>	Zip Code <b>29585-6782</b>
-------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75565**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID POSEK**

Mailing Address 274 DORAL DR.

City <b>PAWLEYS ISLAND</b>	State <b>SC</b>	Zip Code <b>29585-6782</b>
-------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.75565B**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		19		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID POSEK**

Mailing Address 274 DORAL DR.

City <b>PAWLEYS ISLAND</b>	State <b>SC</b>	Zip Code <b>29585-6782</b>
-------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77427**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		19		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN W. ROWE**

Mailing Address **70 W. MADISON STE. 5770  
THREE FIRST NATIONAL**

City **CHICAGO** State **IL** Zip Code **60602-4380**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) **0.00**

**Transaction ID : SA17.73763**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 05 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN W. ROWE**

Mailing Address **70 W. MADISON STE. 5770  
THREE FIRST NATIONAL**

City **CHICAGO** State **IL** Zip Code **60602-4380**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) **0.00**

**Transaction ID : SA17.73763B**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 18 / 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN W. ROWE**

Mailing Address **70 W. MADISON STE. 5770  
THREE FIRST NATIONAL**

City **CHICAGO** State **IL** Zip Code **60602-4380**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2020  
 Primary  General  
 Other (specify) **0.00**

**Transaction ID : SA17.77422**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 18 / 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]  
REDESIGNATION FROM GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**EDITH F. ROYALL**

Mailing Address **341 SIR NATHANIEL LN**

City	State	Zip Code
HUGER	SC	29450-9750

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69753**

Date of Receipt

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

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**EDITH F. ROYALL**

Mailing Address **341 SIR NATHANIEL LN**

City	State	Zip Code
HUGER	SC	29450-9750

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.69753B**

Date of Receipt

M M / D D / Y Y Y Y
01 / 16 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**EDITH F. ROYALL**

Mailing Address **341 SIR NATHANIEL LN**

City	State	Zip Code
HUGER	SC	29450-9750

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.77402**

Date of Receipt

M M / D D / Y Y Y Y
01 / 16 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 60 / 150

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LINDSEY GRAHAM 2016

**A.** Full Name (Last, First, Middle Initial)  
MR. ROBERT V. ROYALL JR.

Mailing Address 341 SIR NATHANIEL LANE

City	State	Zip Code
HUGER	SC	29450-9750

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69751

Date of Receipt

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

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT V. ROYALL JR.

Mailing Address 341 SIR NATHANIEL LANE

City	State	Zip Code
HUGER	SC	29450-9750

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.69751B

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			16			2016			

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
MR. ROBERT V. ROYALL JR.

Mailing Address 341 SIR NATHANIEL LANE

City	State	Zip Code
HUGER	SC	29450-9750

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2020

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.77401

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			16			2016			

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 61 / 150

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

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

**DON SCHWARZ**

Mailing Address 4047 DIXIE CANYON AVE

City	State	Zip Code
SHERMAN OAKS	CA	91423-4831

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

Name of Employer	Occupation
RBC WEALTH MANAGEMENT	PORTFOLIO MANAGER

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.74293**

Date of Receipt

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

CONTRIBUTION

Amount of Each Receipt this Period

1000.00
---------

**[MEMO ITEM]**

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

**DON SCHWARZ**

Mailing Address 4047 DIXIE CANYON AVE

City	State	Zip Code
SHERMAN OAKS	CA	91423-4831

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

Name of Employer	Occupation
RBC WEALTH MANAGEMENT	PORTFOLIO MANAGER

Receipt For: 2016

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.74293B**

Date of Receipt

M M / D D / Y Y Y Y
01 / 28 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

-1000.00
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**[MEMO ITEM]**

REDESIGNATION TO PRIMARY

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

**DON SCHWARZ**

Mailing Address 4047 DIXIE CANYON AVE

City	State	Zip Code
SHERMAN OAKS	CA	91423-4831

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

Name of Employer	Occupation
RBC WEALTH MANAGEMENT	PORTFOLIO MANAGER

Receipt For: 2020

Primary  General

Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

**Transaction ID : SA17.77504**

Date of Receipt

M M / D D / Y Y Y Y
01 / 28 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

1000.00
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**[MEMO ITEM]**

REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page (optional)**.....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address 4047 DIXIE CANYON AVE

City State Zip Code  
SHERMAN OAKS CA 91423-4831

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

Name of Employer Occupation  
RBC WEALTH MANAGEMENT PORTFOLIO MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77338**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

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

Mailing Address 4047 DIXIE CANYON AVE

City State Zip Code  
SHERMAN OAKS CA 91423-4831

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

Name of Employer Occupation  
RBC WEALTH MANAGEMENT PORTFOLIO MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77338B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 28 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-500.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

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

Mailing Address 4047 DIXIE CANYON AVE

City State Zip Code  
SHERMAN OAKS CA 91423-4831

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

Name of Employer Occupation  
RBC WEALTH MANAGEMENT PORTFOLIO MANAGER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77503**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 28 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. NANCY SCHWALBERT**

Mailing Address **348 WASHINGTON ST**

City **WINCHESTER** State **MA** Zip Code **01890-2031**

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

Name of Employer **C21** Occupation **REALTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.77454**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MS. NANCY SCHWALBERT**

Mailing Address **348 WASHINGTON ST**

City **WINCHESTER** State **MA** Zip Code **01890-2031**

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

Name of Employer **C21** Occupation **REALTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.77454B**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 19 / 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]**  
**REDESIGNATION TO PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MS. NANCY SCHWALBERT**

Mailing Address **348 WASHINGTON ST**

City **WINCHESTER** State **MA** Zip Code **01890-2031**

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

Name of Employer **C21** Occupation **REALTOR**

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.77478**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 19 / 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
**REDESIGNATION FROM GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address P.O. BOX 67

City	State	Zip Code
GLADWYNE	PA	19035-0067

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

Name of Employer  
VERSA CAPITAL MANAGEMENT, LLC

Occupation  
CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

Transaction ID : SA17.73521

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			12			2015			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

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

Mailing Address P.O. BOX 67

City	State	Zip Code
GLADWYNE	PA	19035-0067

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

Name of Employer  
VERSA CAPITAL MANAGEMENT, LLC

Occupation  
CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

Transaction ID : SA17.73521B

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			17			2016			

CONTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

REDESIGNATION TO PRIMARY

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

Mailing Address P.O. BOX 67

City	State	Zip Code
GLADWYNE	PA	19035-0067

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

Name of Employer  
VERSA CAPITAL MANAGEMENT, LLC

Occupation  
CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

Transaction ID : SA17.77413

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			17			2016			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **1440 BEN SAWYER BLVD  
SUITE 1101**

City **MOUNT PLEASANT** State **SC** Zip Code **29464-5526**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) **0.00**

**Transaction ID : SA17.74295**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 28 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**

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

Mailing Address **1440 BEN SAWYER BLVD  
SUITE 1101**

City **MOUNT PLEASANT** State **SC** Zip Code **29464-5526**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) **0.00**

**Transaction ID : SA17.74295B**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 25 / 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**-1000.00**

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

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

Mailing Address **1440 BEN SAWYER BLVD  
SUITE 1101**

City **MOUNT PLEASANT** State **SC** Zip Code **29464-5526**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2020  
 Primary  General  
 Other (specify) **0.00**

**Transaction ID : SA17.77450**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 25 / 2016**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]  
REDESIGNATION FROM GENERAL**

**Subtotal Of Receipts This Page** (optional)..... **0.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 66 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**HON. GEORGE P. SHULTZ**

Mailing Address 434 GALVEZ MALL ROOM 239

City State Zip Code  
STANFORD CA 94305-6003

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

Name of Employer Occupation  
HOOVER INSTITUTION DISTINGUISHED FELLOW

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74292**

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

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**HON. GEORGE P. SHULTZ**

Mailing Address 434 GALVEZ MALL ROOM 239

City State Zip Code  
STANFORD CA 94305-6003

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

Name of Employer Occupation  
HOOVER INSTITUTION DISTINGUISHED FELLOW

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74292B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**HON. GEORGE P. SHULTZ**

Mailing Address 434 GALVEZ MALL ROOM 239

City State Zip Code  
STANFORD CA 94305-6003

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

Name of Employer Occupation  
HOOVER INSTITUTION DISTINGUISHED FELLOW

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77420**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **9320 WILSHIRE BLVD  
STE.300**

City **BEVERLY HILLS** State **CA** Zip Code **90212-3218**

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

Name of Employer **SIMMS** Occupation **PRINCIPAL**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.73100**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period  

2700.00
---------

**[MEMO ITEM]**

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

Mailing Address **9320 WILSHIRE BLVD  
STE.300**

City **BEVERLY HILLS** State **CA** Zip Code **90212-3218**

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

Name of Employer **SIMMS** Occupation **PRINCIPAL**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.73100B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
01			16			2016			

CONTRIBUTION

Amount of Each Receipt this Period  

-2700.00
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**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

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

Mailing Address **9320 WILSHIRE BLVD  
STE.300**

City **BEVERLY HILLS** State **CA** Zip Code **90212-3218**

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

Name of Employer **SIMMS** Occupation **PRINCIPAL**

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA17.77409**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
01			16			2016			

CONTRIBUTION

Amount of Each Receipt this Period  

2700.00
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**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 

0.00
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Total This Period (last page this line number only).....▶ 

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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MRS. REBECCA W. SMITH</b>		<b>Transaction ID : SA17.74709</b> Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 126 LANFORD RD  City PAULINE State SC Zip Code 29374-1811		CONTRIBUTION  Amount of Each Receipt this Period 1100.00  <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee. C		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MRS. REBECCA W. SMITH</b>		<b>Transaction ID : SA17.74709B</b> Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2016
Mailing Address 126 LANFORD RD  City PAULINE State SC Zip Code 29374-1811		CONTRIBUTION  Amount of Each Receipt this Period -1100.00  <b>[MEMO ITEM]</b> REDESIGNATION TO PRIMARY
FEC ID number of contributing federal political committee. C		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MRS. REBECCA W. SMITH</b>		<b>Transaction ID : SA17.77458</b> Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2016
Mailing Address 126 LANFORD RD  City PAULINE State SC Zip Code 29374-1811		CONTRIBUTION  Amount of Each Receipt this Period 1100.00  <b>[MEMO ITEM]</b> REDESIGNATION FROM GENERAL
FEC ID number of contributing federal political committee. C		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2020 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00	

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL H. STEINHARDT**

Mailing Address 1158 FIFTH AVENUE

City State Zip Code  
NEW YORK NY 10029-6917

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75559**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL H. STEINHARDT**

Mailing Address 1158 FIFTH AVENUE

City State Zip Code  
NEW YORK NY 10029-6917

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75559B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL H. STEINHARDT**

Mailing Address 1158 FIFTH AVENUE

City State Zip Code  
NEW YORK NY 10029-6917

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77449**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 70 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID C. STROUSS**

Mailing Address 100 SUMMER ST.

City State Zip Code  
BOSTON MA 02110-2106

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

Name of Employer Occupation  
THORNTON LAW FIRM LLP ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77314**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2300.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID C. STROUSS**

Mailing Address 100 SUMMER ST.

City State Zip Code  
BOSTON MA 02110-2106

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

Name of Employer Occupation  
THORNTON LAW FIRM LLP ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77314B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 28 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2300.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID C. STROUSS**

Mailing Address 100 SUMMER ST.

City State Zip Code  
BOSTON MA 02110-2106

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

Name of Employer Occupation  
THORNTON LAW FIRM LLP ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77463**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 28 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2300.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 71 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL P. THORNTON**

Mailing Address 100 SUMMER ST.  
FLOOR 30

City BOSTON State MA Zip Code 02110-2106

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

Name of Employer THORNTON LAW FIRM LLP Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77342**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2300.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL P. THORNTON**

Mailing Address 100 SUMMER ST.  
FLOOR 30

City BOSTON State MA Zip Code 02110-2106

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

Name of Employer THORNTON LAW FIRM LLP Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77342B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 14 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2300.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL P. THORNTON**

Mailing Address 100 SUMMER ST.  
FLOOR 30

City BOSTON State MA Zip Code 02110-2106

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

Name of Employer THORNTON LAW FIRM LLP Occupation ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77493**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 14 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2300.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **P.O. BOX 1644**

City	State	Zip Code
<b>LOS ALTOS</b>	<b>CA</b>	<b>94023-1644</b>

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

Name of Employer	Occupation
<b>RETIRED</b>	<b>RETIRED</b>

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75718**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

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

Mailing Address **P.O. BOX 1644**

City	State	Zip Code
<b>LOS ALTOS</b>	<b>CA</b>	<b>94023-1644</b>

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

Name of Employer	Occupation
<b>RETIRED</b>	<b>RETIRED</b>

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75718B**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 18 / 2016**

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
**REDESIGNATION TO PRIMARY**

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

Mailing Address **P.O. BOX 1644**

City	State	Zip Code
<b>LOS ALTOS</b>	<b>CA</b>	<b>94023-1644</b>

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

Name of Employer	Occupation
<b>RETIRED</b>	<b>RETIRED</b>

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77456**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 18 / 2016**

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
**REDESIGNATION FROM GENERAL**

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)  
 16  17a  17b  17c  17d  18  
 19a  19b  20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES S. WAY JR.**

Mailing Address P.O. BOX 242

City State Zip Code  
CHARLESTON SC 29402-0242

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

Name of Employer Occupation  
THE BEACH COMPANY REALTY EXECUTIVE/CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 0.00

**Transaction ID : SA17.76294**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
 2700.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES S. WAY JR.**

Mailing Address P.O. BOX 242

City State Zip Code  
CHARLESTON SC 29402-0242

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

Name of Employer Occupation  
THE BEACH COMPANY REALTY EXECUTIVE/CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 0.00

**Transaction ID : SA17.76294B**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
 -2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES S. WAY JR.**

Mailing Address P.O. BOX 242

City State Zip Code  
CHARLESTON SC 29402-0242

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

Name of Employer Occupation  
THE BEACH COMPANY REALTY EXECUTIVE/CHAIRMAN

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 0.00

**Transaction ID : SA17.77488**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
 2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MARY ELLEN WAY**

Mailing Address P.O. BOX 242

City State Zip Code  
CHARLESTON SC 29402-0242

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.76296**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
900.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MARY ELLEN WAY**

Mailing Address P.O. BOX 242

City State Zip Code  
CHARLESTON SC 29402-0242

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.76296B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-900.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MARY ELLEN WAY**

Mailing Address P.O. BOX 242

City State Zip Code  
CHARLESTON SC 29402-0242

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77487**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
900.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LINDSEY GRAHAM 2016**

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

**BLAIR A. WHITE**

Mailing Address 1133 METROPOLITAN AVE  
UNIT 315

City CHARLOTTE State NC Zip Code 28204-3396

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77328**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**

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

**BLAIR A. WHITE**

Mailing Address 1133 METROPOLITAN AVE  
UNIT 315

City CHARLOTTE State NC Zip Code 28204-3396

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77328B**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 24 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

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

**BLAIR A. WHITE**

Mailing Address 1133 METROPOLITAN AVE  
UNIT 315

City CHARLOTTE State NC Zip Code 28204-3396

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

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77455**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 24 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 76 / 150

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**KAREN M. WHITE**

Mailing Address 735 JACKSON GROVE RD

City State Zip Code  
LANDRUM SC 29356-9014

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75553**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**KAREN M. WHITE**

Mailing Address 735 JACKSON GROVE RD

City State Zip Code  
LANDRUM SC 29356-9014

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75553B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 25 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**KAREN M. WHITE**

Mailing Address 735 JACKSON GROVE RD

City State Zip Code  
LANDRUM SC 29356-9014

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77474**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 25 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MACK I. WHITTLE JR.**

Mailing Address 500 HIDDEN HILLS DRIVE

City	State	Zip Code
GREENVILLE	SC	29605-3270

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 0.00

**Transaction ID : SA17.75710**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

CONTRIBUTION

Amount of Each Receipt this Period  
 2600.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. MACK I. WHITTLE JR.**

Mailing Address 500 HIDDEN HILLS DRIVE

City	State	Zip Code
GREENVILLE	SC	29605-3270

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 0.00

**Transaction ID : SA17.75710B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
01			15			2016			

CONTRIBUTION

Amount of Each Receipt this Period  
 -2600.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. MACK I. WHITTLE JR.**

Mailing Address 500 HIDDEN HILLS DRIVE

City	State	Zip Code
GREENVILLE	SC	29605-3270

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 0.00

**Transaction ID : SA17.77483**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
01			15			2016			

CONTRIBUTION

Amount of Each Receipt this Period  
 2600.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....  0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID H. WILKINS**

Mailing Address 31 SIRRINE DR.

City State Zip Code  
GREENVILLE SC 29605-1136

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

Name of Employer Occupation  
NELSON MULLINS ET AL ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.73083**

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID H. WILKINS**

Mailing Address 31 SIRRINE DR.

City State Zip Code  
GREENVILLE SC 29605-1136

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

Name of Employer Occupation  
NELSON MULLINS ET AL ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.73083B**

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID H. WILKINS**

Mailing Address 31 SIRRINE DR.

City State Zip Code  
GREENVILLE SC 29605-1136

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

Name of Employer Occupation  
NELSON MULLINS ET AL ATTORNEY

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77392**

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MS. SUSAN C. WILKINS**

Mailing Address 31 SIRRINE DR.

City State Zip Code  
GREENVILLE SC 29605-1136

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75563**

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

CONTRIBUTION

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MS. SUSAN C. WILKINS**

Mailing Address 31 SIRRINE DR.

City State Zip Code  
GREENVILLE SC 29605-1136

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.75563B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MS. SUSAN C. WILKINS**

Mailing Address 31 SIRRINE DR.

City State Zip Code  
GREENVILLE SC 29605-1136

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77491**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN WINTHROP**

Mailing Address P.O. BOX 22527

City State Zip Code  
CHARLESTON SC 29413-2527

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

Name of Employer Occupation  
JOHN WINTHROP & COMPANY INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74281**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
310.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN WINTHROP**

Mailing Address P.O. BOX 22527

City State Zip Code  
CHARLESTON SC 29413-2527

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

Name of Employer Occupation  
JOHN WINTHROP & COMPANY INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.74281B**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 14 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
-310.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN WINTHROP**

Mailing Address P.O. BOX 22527

City State Zip Code  
CHARLESTON SC 29413-2527

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

Name of Employer Occupation  
JOHN WINTHROP & COMPANY INVESTOR

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

**Transaction ID : SA17.77398**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 14 / 2016

CONTRIBUTION

Amount of Each Receipt this Period  
310.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶ 0.00



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **29 MEADOWWOOD LANE**

City **GLEN HEAD** State **NY** Zip Code **11545**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

**Transaction ID : SA21.9999**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 15 / 2016**

**EQUIPMENT PURCHASE- FAIR MARKET VALUE**

Amount of Each Receipt this Period  
**350.00**

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

Mailing Address **26 WOODS COURT**

City **RICHLANDS** State **SC** Zip Code **29936**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

**Transaction ID : SA21.10000**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 15 / 2016**

**EQUIPMENT PURCHASE- FAIR MARKET VALUE**

Amount of Each Receipt this Period  
**350.00**

**C.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address **PO BOX 580340**

City **CHARLOTTE** State **NC** Zip Code **28258**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **0.00**

**Transaction ID : SA21.10001**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 31 / 2016**

**INTEREST EARNED**

Amount of Each Receipt this Period  
**2.66**

**Subtotal Of Receipts This Page** (optional)..... **702.66**

**Total This Period** (last page this line number only)..... **702.66**

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. LINDSEY GRAHAM</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address PO BOX 486		Transaction ID : <b>SB.91</b>
City SENECA	State SC	
Purpose of Disbursement TRAVEL/FOOD/BEVERAGES	Category/ Type	Amount of Each Disbursement this Period 1177.66
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. MARRIOTT</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 10400 FERNWOOD ROAD		Transaction ID : <b>SB.913457</b>
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL	Category/ Type	Amount of Each Disbursement this Period 399.24
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:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. TABOON RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 773 10TH AVE		Transaction ID : <b>SB.913456</b>
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL/FOOD/BEVERAGES	Category/ Type	Amount of Each Disbursement this Period 221.18
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:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 1177.66

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN BOWEN</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 17 ANTHONY DRIVE		<b>Transaction ID : SB.63</b>
City LONDONDERRY	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1193.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. BRITTANY BRAMELL</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 2313 LENNOX COURT		<b>Transaction ID : SB.64</b>
City LIVERMORE	State CA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2933.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ELIZABETH CONATSER</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 1525 KEARNY STREET NE		<b>Transaction ID : SB.47</b>
City WASHINGTON	State DC	
Purpose of Disbursement FINANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 11250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 15377.58

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS CONNORS</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 29 MEADOWOOD LANE		Transaction ID : <b>SB.65</b>
City GLEN HEAD	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2198.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. JOHN COONEY</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 6400 FALLBROOK ROAD		Transaction ID : <b>SB.66</b>
City EDEN PRAIRIE	State MN	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 4043.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. JOSEPH DOIRON</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 24 COUNTRY CLUB DR., APT 9		Transaction ID : <b>SB.67</b>
City MANCHESTER	State NH	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1919.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... 8161.56

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CHRIS FOX</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 6762 NW 56TH ST		<b>Transaction ID : SB.49</b>
City JOHNSTON	State IA	
Zip Code 50131	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 2000.00
Candidate Name	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>B. MICHAEL GARCIA</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 100 BEDFORD STREET, APT 4		<b>Transaction ID : SB.68</b>
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1218.84
Candidate Name	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. COLBY KOFOED</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 41 PRESTON ROAD		<b>Transaction ID : SB.76</b>
City LEXINGTON	State MA	
Zip Code 02420	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1097.14
Candidate Name	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:		

Subtotal Of Receipts This Page (optional)..... 4315.98

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JENNY LACKEY</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 921B WOODLAWN AVENUE		<b>Transaction ID : SB.44</b>
City COLUMBIA	State SC	
Zip Code 29209	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 400.00
Candidate Name	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>B. KARLI MILLER</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 78 GREENWOOD STREET		<b>Transaction ID : SB.69</b>
City LAKE PLACID	State NY	
Zip Code 12946	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1276.28
Candidate Name	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. ERIN MURPHY</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 5301 BURWASH COURT		<b>Transaction ID : SB.70</b>
City CHARLOTTE	State NC	
Zip Code 28277	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1172.34
Candidate Name	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:		

**Subtotal Of Receipts This Page** (optional)..... 2848.62

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. RYAN O'CONNOR</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 35 MYRTLE AVE		<b>Transaction ID : SB.72</b>
City CAMBRIDGE	State MA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 941.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. CAROLINE O'NEAL</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 2726 PRESTON STREET		<b>Transaction ID : SB.71</b>
City COLUMBIA	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1868.92
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. CHRISTIANA PURVES</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 1121 SOUTH PAMPLICO HIGHWAY		<b>Transaction ID : SB.73</b>
City PAMPLICO	State SC	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1177.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

**Subtotal Of Receipts This Page** (optional)..... 3987.66

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="checked" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ANNE RICHARDSON</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 26 WOODS COURT		<b>Transaction ID : SB.74</b>
City RICHLAND State SC Zip Code 29936	Amount of Each Disbursement this Period 948.73	
Purpose of Disbursement PAYROLL	Candidate Name	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>B. SUSANNA SILVAN</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 1220 NORTH FILMORE, APT 511		<b>Transaction ID : SB.75</b>
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period 1639.93	
Purpose of Disbursement PAYROLL	Candidate Name	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. 1555 KING STREET COURT, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 1555 KING STREET, SUITE 400		<b>Transaction ID : SB.92</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 7625.00	
Purpose of Disbursement RENT	Candidate Name	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:		

**Subtotal Of Receipts This Page** (optional)..... 10213.66

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address P.O. BOX 650448		<b>Transaction ID : SB.53</b>
City DALLAS	State TX	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type	Amount of Each Disbursement this Period 7.95
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address P.O. BOX 650448		<b>Transaction ID : SB.55</b>
City DALLAS	State TX	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type	Amount of Each Disbursement this Period 720.58
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 5439 HARFORD ROAD		<b>Transaction ID : SB.54</b>
City BALTIMORE	State MD	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type	Amount of Each Disbursement this Period 17.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**Subtotal Of Receipts This Page** (optional)..... 745.53

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="checked" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T cc</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address PO BOX 580340		<b>Transaction ID : SB.61</b>
City CHARLOTTE	State NC	
Zip Code 28258	Purpose of Disbursement OFFICE SUPPLIES	Amount of Each Disbursement this Period 73.86
Candidate Name	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>B. BB&amp;T cc</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address PO BOX 580340		<b>Transaction ID : SB.97</b>
City CHARLOTTE	State NC	
Zip Code 28258	Purpose of Disbursement CREDIT CARD PAYMENT	Amount of Each Disbursement this Period 19961.35
Candidate Name	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. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.890</b>
City DFW AIRPORT	State TX	
Zip Code 75261	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 11.20
Candidate Name	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:	

**Subtotal Of Receipts This Page** (optional)..... → 20035.21

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.891</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.892</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.897</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 813.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.898</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 48.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.899</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 141.10
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. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.901</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 417.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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

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ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23UV8.902</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 417.10
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) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23UV8.903</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 30.71
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) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23UV8.904</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 30.71
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) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23UV8.906</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 482.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23UV8.907</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 42.29
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. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23UV8.908</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 31.12
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.909</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 674.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.910</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 674.10
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. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.919</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 674.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.920</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:                  District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.921</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 363.10
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. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.925</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 919.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:                  District:		

**Subtotal Of Receipts This Page** (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.926</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 733.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.927</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
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. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		<b>Transaction ID : SB23UV8.928</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 428.10
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: _____	

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23UV8.930</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -635.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 619616, MD 5675		Transaction ID : <b>SB23UV8.937</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -363.10
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. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 4300 GARDEN CITY DRIVE		Transaction ID : <b>SB23UV8.986</b>
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 278.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CURB GARDENA</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 5904 RICHMOND HIGHWAY SUITE 600		Transaction ID : <b>SB23UV8.948</b>
City ALEXANDRIA	State VA Zip Code 22303	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	Amount of Each Disbursement this Period 59.70
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DELMONICO'S STEAKHOUSE</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 3355 LAS VEGAS BLVD		Transaction ID : <b>SB23UV8.947</b>
City LAS VEGAS	State NV Zip Code 89109	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	Amount of Each Disbursement this Period 851.30
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
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. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : <b>SB23UV8.893</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 229.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.894</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 15.00	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.895</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 15.00	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.896</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 747.60	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.905</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 229.10	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.911</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 435.10	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.912</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 435.10	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
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:		

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23     24     25     26     27a  
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Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.913</b>
City ATLANTA      State GA      Zip Code 30354	Amount of Each Disbursement this Period 435.10	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.918</b>
City ATLANTA      State GA      Zip Code 30354	Amount of Each Disbursement this Period 428.10	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.923</b>
City ATLANTA      State GA      Zip Code 30354	Amount of Each Disbursement this Period 1063.10	
Purpose of Disbursement TRAVEL	Category/Type	<b>[MEMO ITEM]</b>
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:		

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Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.929</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period -635.60	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.932</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period -589.10	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.933</b>
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period -747.60	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

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(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.936</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Category/Type	Amount of Each Disbursement this Period -428.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1030 DELTA BOULEVARD		<b>Transaction ID : SB23UV8.938</b>
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT- TRAVEL	Category/Type	Amount of Each Disbursement this Period -1063.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DOUBLETREE</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23UV8.983</b>
City MCLEAN	State VA Zip Code 22102	
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 302.96
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DOUBLETREE</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23UV8.984</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 342.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 600 CORPORATE PARK DRIVE		<b>Transaction ID : SB23UV8.950</b>
City ST. LOUIS	State MO	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 63.28
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. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 600 CORPORATE PARK DRIVE		<b>Transaction ID : SB23UV8.951</b>
City ST. LOUIS	State MO	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 5.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 600 CORPORATE PARK DRIVE		<b>Transaction ID : SB23UV8.952</b>
City ST. LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period 6.95	
Purpose of Disbursement TRAVEL	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 600 CORPORATE PARK DRIVE		<b>Transaction ID : SB23UV8.953</b>
City ST. LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period 63.28	
Purpose of Disbursement TRAVEL	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 600 CORPORATE PARK DRIVE		<b>Transaction ID : SB23UV8.954</b>
City ST. LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period 61.50	
Purpose of Disbursement TRAVEL	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DRIVE

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		12		2016

Transaction ID : SB23UV8.955

Amount of Each Disbursement this Period

3.00
------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DRIVE

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		12		2016

Transaction ID : SB23UV8.957

Amount of Each Disbursement this Period

1.00
------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DRIVE

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		12		2016

Transaction ID : SB23UV8.958

Amount of Each Disbursement this Period

14.00
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 600 CORPORATE PARK DRIVE		Transaction ID : <b>SB23UV8.959</b>
City ST. LOUIS	State MO	
Zip Code 63105	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 17.60
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EXTENDED STAY AMERICA</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 11525 N. COMMUNITY HOUSE ROAD		Transaction ID : <b>SB23UV8.967</b>
City CHARLOTTE	State NC	
Zip Code 28277	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 138.39
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GOGO INFLIGHT</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 111 N CANAL STREET		Transaction ID : <b>SB23UV8.963</b>
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement INTERNET SERVICE	Amount of Each Disbursement this Period 5.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. GOGO INFLIGHT</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 111 N CANAL STREET		<b>Transaction ID : SB23UV8.964</b>
City CHICAGO	State IL	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	Amount of Each Disbursement this Period 29.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. GOGO INFLIGHT</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 111 N CANAL STREET		<b>Transaction ID : SB23UV8.965</b>
City CHICAGO	State IL	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	Amount of Each Disbursement this Period 31.95
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. GOGO INFLIGHT</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 111 N CANAL STREET		<b>Transaction ID : SB23UV8.966</b>
City CHICAGO	State IL	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	Amount of Each Disbursement this Period 2.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23UV8.974</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 159.08
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. HILTON</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23UV8.980</b>
City MCLEAN	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 43.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23UV8.968</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 233.01
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 Of Receipts This Page</b> (optional).....	0.00
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**SCHEDULE B-P  
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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23UV8.969</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 645.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23UV8.971</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 521.84
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. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23UV8.972</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 227.81
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: _____	

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23UV8.973</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 350.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23UV8.978</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 199.86
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. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7930 JONES BRANCH DRIVE		<b>Transaction ID : SB23UV8.979</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 167.86
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: _____	

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 27-01 QUEENS PLAZA		<b>Transaction ID : SB23UV8.917</b>
City LONG ISLAND	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 673.66
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 27-01 QUEENS PLAZA		<b>Transaction ID : SB23UV8.940</b>
City LONG ISLAND	State NY	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -574.66
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. JET BLUE</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 27-01 QUEENS PLAZA		<b>Transaction ID : SB23UV8.941</b>
City LONG ISLAND	State NY	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -99.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. LEGAL SEA FOODS**

Mailing Address **ONE SEAFOOD WAY**

City **BOSTON** State **MA** Zip Code **02210**

Purpose of Disbursement  
**FOOD/BEVERAGE**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

**Transaction ID : SB23UV8.946**

Amount of Each Disbursement this Period

6	0	.	0	0
---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. MARRIOTT**

Mailing Address **10400 FERNWOOD ROAD**

City **BETHESDA** State **MD** Zip Code **20817**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

**Transaction ID : SB23UV8.975**

Amount of Each Disbursement this Period

9	2	0	.	0	9
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. MARRIOTT**

Mailing Address **10400 FERNWOOD ROAD**

City **BETHESDA** State **MD** Zip Code **20817**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

**Transaction ID : SB23UV8.981**

Amount of Each Disbursement this Period

1	0	3	.	9	8
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**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional)..... 

0	0	.	0	0
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**Total This Period** (last page this line number only)..... 

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NESTLE PURE LIFE</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 900 LONG RIDGE ROAD		Transaction ID : <b>SB23UV8.985</b>
City STAMFORD	State CT	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 73.82
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. NEW YORK TAXI</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 33 BEAVER STREET		Transaction ID : <b>SB23UV8.961</b>
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 8.16
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. PICCOLA ITALIA</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 815 ELM STREET		Transaction ID : <b>SB23UV8.943</b>
City MANCHESTER	State NH	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 200.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SHERATON</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address ONE STARPOINT		Transaction ID : <b>SB23UV8.976</b>
City STAMFORD State CT Zip Code 06902	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 244.53
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) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHERATON</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address ONE STARPOINT		Transaction ID : <b>SB23UV8.977</b>
City STAMFORD State CT Zip Code 06902	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 301.53
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) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address P.O. BOX 36647-1CR		Transaction ID : <b>SB23UV8.931</b>
City DALLAS State TX Zip Code 75235	Purpose of Disbursement CREDIT- TRAVEL	
Candidate Name	Category/Type	Amount of Each Disbursement this Period -598.98
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) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. SPIRIT AIRLINES**

Mailing Address 2800 EXECUTIVE WAY

City MIRAMAR State FL Zip Code 33025

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : SB23UV8.916

Amount of Each Disbursement this Period

2	3	8	.	0	9
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SUNNY'S WORLDWIDE**

Mailing Address 23765 PEBBLE RUN PLACE

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : SB23UV8.960

Amount of Each Disbursement this Period

5	3	0	.	9	7
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. THE FOUNDRY**

Mailing Address 50 COMMERCIAL ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : SB23UV8.949

Amount of Each Disbursement this Period

2	8	6	.	9	7
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TOG</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 60 LEDGE RD		Transaction ID : <b>SB23UV8.942</b>
City PELHAM	State NH	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 92.59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. TRATTORIA TRECOLORI</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 254 W 47th St		Transaction ID : <b>SB23UV8.944</b>
City NEW YORK	State NY	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : <b>SB23UV8.900</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 864.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23UV8.914</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 196.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23UV8.915</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 196.60
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. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23UV8.922</b>
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 773.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23UV8.934</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -864.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23UV8.935</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -13.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		<b>Transaction ID : SB23UV8.939</b>
City CHICAGO	State IL	
Purpose of Disbursement CREDIT- TRAVEL	Candidate Name	Amount of Each Disbursement this Period -773.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. VENETIAN</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 3355 S LAS VEGAS BLVD		<b>Transaction ID : SB23UV8.970</b>
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 577.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VENETIAN</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 3355 S LAS VEGAS BLVD		<b>Transaction ID : SB23UV8.982</b>
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 577.75
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. VERIZON WIRELESS</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address PO BOX 660108		<b>Transaction ID : SB23UV8.987</b>
City DALLAS	State TX	
Purpose of Disbursement TELEPHONE SERVICE	Candidate Name	Amount of Each Disbursement this Period 550.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. VIRGIN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 555 AIRPORT BLVD		Transaction ID : <b>SB23UV8.924</b>
City BURLINGAME	State CA	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 1672.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. VTS FRIAS</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 5010 S. VALLEY VIEW BLVD		Transaction ID : <b>SB23UV8.945</b>
City LAS VEGAS	State NV	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	Amount of Each Disbursement this Period 29.25
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. YELLOW CAB LAS VEGAS</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 5225 W. POST ROAD		Transaction ID : <b>SB23UV8.956</b>
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 15.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. YELLOW CAB LAS VEGAS</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 5225 W. POST ROAD		Transaction ID : <b>SB23UV8.962</b>
City LAS VEGAS	State NV	
Zip Code 89118	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 18.99
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CALIFORNIA FRANCHISE TAX BOARD</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address P.O. BOX 942840		Transaction ID : <b>SB.79</b>
City SACRAMENTO	State CA	
Zip Code 94240	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 85.60
Candidate Name	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. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 117 NORTH SAINT ASAPH STREET		Transaction ID : <b>SB.102</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement WEB SERVICE	Amount of Each Disbursement this Period 300.00
Candidate Name	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:		

Subtotal Of Receipts This Page (optional)..... 385.60

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	6

Transaction ID : SB.58

Amount of Each Disbursement this Period

2	.	5	7
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Full Name (Last, First, Middle Initial)

**B. CAPITAL CITY PARTNERS, LLC**

Mailing Address 1100 G STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	6

Transaction ID : SB.48

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. CAROLINA BUSINESS EQUIPMENT**

Mailing Address 5123 BUSH RIVER ROAD

City COLUMBIA State SC Zip Code 29212

Purpose of Disbursement  
OFFICE EQUIPMENT SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	6

Transaction ID : SB.59

Amount of Each Disbursement this Period

3	4	0	.	0	0
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Subtotal Of Receipts This Page (optional)..... 4342.57

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB.56</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="51.35"/>
Candidate Name	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>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB.57</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="119.00"/>
Candidate Name	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. CMDI</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1593 SPRING HILL ROAD		<b>Transaction ID : SB.95</b>
City TYSONS CORNER	State VA	
Purpose of Disbursement DATABASE MANAGEMENT SERVICE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="15266.27"/>
Candidate Name	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: _____		

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. COLONIAL LIFE & ACCIDENT INSURANCE CO.**

Mailing Address PO BOX 2267

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2016

Transaction ID : SB.93

Amount of Each Disbursement this Period

1466.59
---------

**B. COMCAST**

Mailing Address PO BOX 3005

City SOUTHEASTERN State PA Zip Code 19398

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2016

Transaction ID : SB.100

Amount of Each Disbursement this Period

264.47
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**C. COMCAST**

Mailing Address PO BOX 3005

City SOUTHEASTERN State PA Zip Code 19398

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2016

Transaction ID : SB.99

Amount of Each Disbursement this Period

384.61
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Subtotal Of Receipts This Page (optional)..... 2115.67

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. COVINGTON &amp; BURLING, LLP</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 850 TENTH STREET, NW		<b>Transaction ID : SB.34</b>
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 7500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. COVINGTON &amp; BURLING, LLP</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 850 TENTH STREET, NW		<b>Transaction ID : SB.51</b>
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 7500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. DEPARTMENT OF THE TREASURY</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address P.O. BOX 804522		<b>Transaction ID : SB.78</b>
City CINCINNATI	State OH	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Amount of Each Disbursement this Period 6769.43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 21769.43

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DISH AND DESIGN</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 629 JOHNNIE DODDS BLVD #5		Transaction ID : <b>SB.45</b>
City MT PLEASANT	State SC	
Purpose of Disbursement FOOD/BEVERAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="385.37"/>
Candidate Name	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>B. EAST MERIDIAN STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 219 EAST TAYLOR RUN PKWY		Transaction ID : <b>SB.89</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement PRINTING	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="880.00"/>
Candidate Name	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. EFAX</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 6922 HOLLYWOOD BLVD. #500		Transaction ID : <b>SB.42</b>
City LOS ANGELES	State CA	
Purpose of Disbursement DELIVERY	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="16.95"/>
Candidate Name	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: _____	

Subtotal Of Receipts This Page (optional).....

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



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SB.35</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period \$ 29.99	
Purpose of Disbursement DELIVERY	Candidate Name	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>B. FEDEX</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SB.37</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period \$ 130.02	
Purpose of Disbursement DELIVERY	Candidate Name	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. FEDEX</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 3875 AIRWAYS, MODULE H3 DEPARTMENT		Transaction ID : <b>SB.38</b>
City MEMPHIS State TN Zip Code 38116	Amount of Each Disbursement this Period \$ 35.50	
Purpose of Disbursement DELIVERY	Candidate Name	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:		

Subtotal Of Receipts This Page (optional).....	\$ 195.51
Total This Period (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **3875 AIRWAYS, MODULE H3 DEPARTMENT**

City **MEMPHIS** State **TN** Zip Code **38116**

Purpose of Disbursement  
**DELIVERY**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **01 / 20 / 2016**

**Transaction ID : SB.39**

Amount of Each Disbursement this Period: **37.47**

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

Mailing Address **3875 AIRWAYS, MODULE H3 DEPARTMENT**

City **MEMPHIS** State **TN** Zip Code **38116**

Purpose of Disbursement  
**DELIVERY**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **01 / 25 / 2016**

**Transaction ID : SB.41**

Amount of Each Disbursement this Period: **44.00**

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

Mailing Address **144 W D ST**

City **ENCINITAS** State **CA** Zip Code **92024**

Purpose of Disbursement  
**CREDIT CARD MERCHANT FEE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **01 / 04 / 2016**

**Transaction ID : SB.52**

Amount of Each Disbursement this Period: **125.00**

**Subtotal Of Receipts This Page** (optional)..... **206.47**

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial)

**A. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL TAXES/INSURANCE/SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : SB.77

Amount of Each Disbursement this Period

6	4	1	6	.	8	1
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Full Name (Last, First, Middle Initial)

**B. MASSACHUSETTS DEP'T OF REVENUE**

Mailing Address PO BOX 7010

City BOSTON State MA Zip Code 02204

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : SB.80

Amount of Each Disbursement this Period

5	.	4	9
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Full Name (Last, First, Middle Initial)

**C. MINNESOTA DEPARTMENT OF REVENUE**

Mailing Address 600 NORTH ROBERT STREET

City ST. PAUL State MN Zip Code 55101

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : SB.81

Amount of Each Disbursement this Period

8	.	2	5
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Subtotal Of Receipts This Page (optional)..... 

6	4	3	0	.	5	5
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Total This Period (last page this line number only)..... 

6	4	3	0	.	5	5
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**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NY DEPT OF TAXATION &amp; FINANCE</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address PO BOX 15555		<b>Transaction ID : SB.82</b>
City ALBANY	State NY	
Zip Code 12212	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 61.94
Candidate Name	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>B. O'DONNELL AND ASSOCIATES, LTD</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 3101 N. HAMPTON DRIVE #1517		<b>Transaction ID : SB.94</b>
City ALEXANDRIA	State VA	
Zip Code 22302	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 8848.91
Candidate Name	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. QUICKBOOKS</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 2632 MARINE WAY		<b>Transaction ID : SB.62</b>
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement OFFICE SUPPLIES	Amount of Each Disbursement this Period 192.47
Candidate Name	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:	

**Subtotal Of Receipts This Page** (optional)..... 9103.32

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

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

Mailing Address **2632 MARINE WAY**

City **MOUNTAIN VIEW** State **CA** Zip Code **94043**

Purpose of Disbursement **SUBSCRIPTIONS**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
**01 / 08 / 2016**

**Transaction ID : SB.96**

Amount of Each Disbursement this Period  
**221.10**

Category/ Type

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

Mailing Address **PO BOX 341027**

City **AUSTIN** State **TX** Zip Code **78734**

Purpose of Disbursement **COMPLIANCE CONSULTING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
**01 / 22 / 2016**

**Transaction ID : SB23.125**

Amount of Each Disbursement this Period  
**10000.00**

Category/ Type

Full Name (Last, First, Middle Initial)  
**C. SCE&G**

Mailing Address **PO BOX 100255**

City **COLUMBIA** State **SC** Zip Code **29202**

Purpose of Disbursement **UTILITIES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
**01 / 22 / 2016**

**Transaction ID : SB.98**

Amount of Each Disbursement this Period  
**222.32**

Category/ Type

Subtotal Of Receipts This Page (optional)..... **10443.42**

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. SOBYS ON THE SIDE</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 22 E COURT ST		<b>Transaction ID : SB.43</b>
City GREENVILLE	State SC	
Zip Code 29601	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 623.04
Candidate Name	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>B. SOUTH CAROLINA DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 300A OUTLET POINTE BOULEVARD		<b>Transaction ID : SB.83</b>
City COLUMBIA	State SC	
Zip Code 29210	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 205.21
Candidate Name	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. STAPLES</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 500 STAPLES DRIVE		<b>Transaction ID : SB.60</b>
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	Amount of Each Disbursement this Period 11.43
Candidate Name	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:		

**Subtotal Of Receipts This Page** (optional)..... 623.04

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. THE HALLISEY GROUP</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 38 EAST 85TH STREET		<b>Transaction ID : SB.46</b>
City NEW YORK	State NY	
Zip Code 10028	Purpose of Disbursement FINANCE CONSULTING	Amount of Each Disbursement this Period 12200.00
Candidate Name	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>B. THE TRAILBLAZER GROUP</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 901 KING STREET		<b>Transaction ID : SB23.124</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Amount of Each Disbursement this Period 15750.00
Candidate Name	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. THROTTLE POST, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 3900 WILLOW STREET #200		<b>Transaction ID : SB.90</b>
City DALLAS	State TX	
Zip Code 75226	Purpose of Disbursement MEDIA	Amount of Each Disbursement this Period 5100.00
Candidate Name	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:	

**Subtotal Of Receipts This Page** (optional)..... 33050.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. TIME WARNER CABLE</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address PO BOX 77169		Transaction ID : <b>SB.101</b>
City CHARLOTTE	State NC	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 463.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. UPS STORE</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 6060 CORNERSTONE COURT W.		Transaction ID : <b>SB.36</b>
City SAN DIEGO	State CA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 63.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 8409 LEE HIGHWAY		Transaction ID : <b>SB.40</b>
City MERRIFIELD	State VA	
Purpose of Disbursement DELIVERY	Candidate Name	Amount of Each Disbursement this Period 35.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 562.23

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB.85</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period \$ 19.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB.86</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period \$ 12.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB.87</b>
City MERRIFIELD	State VA	
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period \$ 49.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

**Subtotal Of Receipts This Page** (optional)..... 81.09

**Total This Period** (last page this line number only)..... 81.09

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 8409 LEE HIGHWAY		<b>Transaction ID : SB.88</b>
City MERRIFIELD	State VA	
Zip Code 22116	Purpose of Disbursement POSTAGE	Amount of Each Disbursement this Period 14.70
Candidate Name	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>B. VIRGINIA DEPARTMENT OF TAXATION</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address P.O. BOX 1115		<b>Transaction ID : SB.84</b>
City RICHMOND	State VA	
Zip Code 23218	Purpose of Disbursement PAYROLL TAXES	Amount of Each Disbursement this Period 959.01
Candidate Name	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. YUMA SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 601 S. FREMONT AVENUE		<b>Transaction ID : SB.50</b>
City TAMPA	State FL	
Zip Code 33606	Purpose of Disbursement IT CONSULTING	Amount of Each Disbursement this Period 347.25
Candidate Name	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:	

**Subtotal Of Receipts This Page** (optional)..... 1320.96

**Total This Period** (last page this line number only)..... 174212.26

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. ALEX BLAVATNIK</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 730 5TH AVE.		<b>Transaction ID : SB28A.1237</b>
City NEW YORK	State NY	
Zip Code 10019	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2700.00
Candidate Name	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>B. LARISA BLAVATNIK</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 67 MASON STREET		<b>Transaction ID : SB28A.1236</b>
City GREENWICH	State CT	
Zip Code 06830	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2700.00
Candidate Name	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. JOAN E. CLIFFORD</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 840 N. LAKE SHORE DRIVE #2501		<b>Transaction ID : SB28A.1255</b>
City CHICAGO	State IL	
Zip Code 60611	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 1300.00
Candidate Name	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:	

Subtotal Of Receipts This Page (optional)..... 6700.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. NANCIE COOPER</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 1633 BROADWAY, 7TH FLOOR		<b>Transaction ID : SB28A.1264</b>
City NEW YORK	State NY	
Zip Code 10019	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2700.00
Candidate Name	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>B. STEPHEN COOPER</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 1633 BROADWAY, 7TH FLOOR		<b>Transaction ID : SB28A.1235</b>
City NEW YORK	State NY	
Zip Code 10019	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2700.00
Candidate Name	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. CARL O. FALK</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 202 SEA OATS CIRCLE		<b>Transaction ID : SB28A.1243</b>
City PAWLEYS ISLAND	State SC	
Zip Code 29585	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2700.00
Candidate Name	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:	

**Subtotal Of Receipts This Page** (optional)..... 8100.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. MARCIA FALK</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 202 SEA OATS CIRCLE		<b>Transaction ID : SB28A.1242</b>
City PAWLEYS ISLAND	State SC	
Zip Code 29585	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2700.00
Candidate Name	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>B. C. EDWARD FLOYD</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 518 ROSEWOOD DRIVE		<b>Transaction ID : SB28A.1252</b>
City FLORENCE	State SC	
Zip Code 29501	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 1900.00
Candidate Name	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. ANNE FRAZIER-MELTON</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 5 HOLLYHILL COURT		<b>Transaction ID : SB28A.1251</b>
City IRMO	State SC	
Zip Code 29063	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2100.00
Candidate Name	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:	

**Subtotal Of Receipts This Page** (optional)..... 6700.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JOSHUA HENDRICK</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 206 JAMES LOVE SCHOOL RD		<b>Transaction ID : SB28A.1245</b>
City SHELBY	State NC	
Zip Code 28152	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2300.00
Candidate Name	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>B. ROGER HERTO G</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 1040 5TH AVE. APT. 13-A		<b>Transaction ID : SB28A.1256</b>
City NEW YORK	State NY	
Zip Code 10028	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2500.00
Candidate Name	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. SUSAN HERTO G</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 745 5TH AVE		<b>Transaction ID : SB28A.1250</b>
City NEW YORK	State NY	
Zip Code 10151	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 1700.00
Candidate Name	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:	

**Subtotal Of Receipts This Page** (optional)..... 6500.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. EDWIN C. HOLBROOK</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 201 TROON PLACE		<b>Transaction ID : SB28A.1240</b>
City SHELBY	State NC	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 2700.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. MILLIE HOLBROOK</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 201 TROON PLACE		<b>Transaction ID : SB28A.1241</b>
City SHELBY	State NC	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 1900.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. ROGER L. HOLLAND</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 208 DEERCHASE ROAD		<b>Transaction ID : SB28A.1257</b>
City SHELBY	State NC	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 800.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

**Subtotal Of Receipts This Page** (optional)..... 5400.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM BARNET III</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 168 W. MAIN ST.		<b>Transaction ID : SB28A.1238</b>
City SPARTANBURG	State SC	
Zip Code 29306	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2700.00
Candidate Name	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>B. DOUGLAS JENNINGS, JR</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 803 E MAIN ST		<b>Transaction ID : SB28A.1248</b>
City BENNETTSVILLE	State SC	
Zip Code 29512	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 250.00
Candidate Name	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. KENNY KLEPPER</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 295 GLEN PL		<b>Transaction ID : SB28A.1249</b>
City FRANKLIN LAKES	State NJ	
Zip Code 07417	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 300.00
Candidate Name	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:	

**Subtotal Of Receipts This Page** (optional)..... 3250.00

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. DAVID KNOTT</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 232 CLEFT ROAD		<b>Transaction ID : SB28A.1259</b>
City MILL NECK	State NY	
Zip Code 11765	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2000.00
Candidate Name	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>B. ANN SWING LEGRAND</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 12508 PECAN HILL COURT		<b>Transaction ID : SB28A.1244</b>
City HUNTERSVILLE	State NC	
Zip Code 28078	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2700.00
Candidate Name	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. GERALD LIPSCOMB</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address PO BOX 902		<b>Transaction ID : SB28A.1247</b>
City FOREST CITY	State NC	
Zip Code 28043	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2300.00
Candidate Name	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:	

**Subtotal Of Receipts This Page** (optional)..... 7000.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. JODIE W. MCLEAN</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 724 SPRING LAKE ROAD		<b>Transaction ID : SB28A.1253</b>
City COLUMBIA State SC Zip Code 29206	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	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>B. RICHARD RUDY</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 101 S. WESTON LANE		<b>Transaction ID : SB28A.1260</b>
City AUSTIN State TX Zip Code 78733	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	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. STEVEN SALL</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 31 TURNER DRIVE		<b>Transaction ID : SB28A.1239</b>
City GREENWICH State CT Zip Code 06831	Amount of Each Disbursement this Period 2400.00	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	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:	

**Subtotal Of Receipts This Page** (optional)..... 7600.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. BRITTANY SPANGLER</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 201 TROON PL		<b>Transaction ID : SB28A.1246</b>
City SHELBY	State NC	
Zip Code 28150	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2300.00
Candidate Name	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>B. JOE E. TAYLOR, JR.</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 47 MAHALO LANE		<b>Transaction ID : SB28A.1258</b>
City COLUMBIA	State SC	
Zip Code 29204	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2800.00
Candidate Name	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. J. RONALD TERWILLIGER</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 306 PEACHTREE ROAD NW		<b>Transaction ID : SB28A.1261</b>
City ATLANTA	State GA	
Zip Code 30305	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 241.40
Candidate Name	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:	

**Subtotal Of Receipts This Page** (optional)..... 5341.40

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. B-4 HOLDINGS, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 219 S. RIDGE STREET		<b>Transaction ID : SB28A.1263</b>
City GEORGETOWN State SC Zip Code 29440	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

**Subtotal Of Receipts This Page** (optional)..... 2500.00

**Total This Period** (last page this line number only)..... 59091.40

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

Full Name (Last, First, Middle Initial) <b>A. CB&amp;I PAC</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 1050 K STREET NW		<b>Transaction ID : SB28C.1262</b>
City WASHINGTON	State DC	
Purpose of Disbursement CONTRIBUTION REFUND	Zip Code 20001	Amount of Each Disbursement this Period 1000.00
Candidate Name	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>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	
Candidate Name	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 MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	
Candidate Name	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 Of Receipts This Page</b> (optional).....	1000.00
<b>Total This Period</b> (last page this line number only).....	1000.00

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**LINDSEY GRAHAM 2016**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**FALLBROOK COMMUNICATIONS LLC**

Nature of Debt (Purpose):  
 COMMUNICATIONS STRATEGY CONSULTING

Mailing Address **6400 FALLBROOK ROAD**

City State Zip Code  
**EDEN PRAIRIE MN 55344**

Outstanding Balance Beginning This Period

Transaction ID : **SD2**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**NOVUS PUBLIC AFFAIRS**

Nature of Debt (Purpose):  
 PUBLIC RELATIONS STRATEGY CONSULTING

Mailing Address **PO BOX 4187**

City State Zip Code  
**PORTSMOUTH NH 03802**

Outstanding Balance Beginning This Period

Transaction ID : **SD1**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="57040.70"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="57040.70"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only).....	<input type="text" value="57040.70"/>