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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

FRIENDS OF CHRIS MCDANIEL

ADDRESS (number and street) ▼ POST OFFICE BOX 125

☐ Check if different than previous reported. (ACC)

CITY ▲ LAUREL — STATE ▲ MS — ZIP CODE ▲ 39441 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00550657

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

STATE ▼ MS — DISTRICT 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

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

Type or Print Name of Treasurer MELANIE SOJOURNER

Signature of Treasurer *MELANIE SOJOURNER* Date 01 / 30 / 2015

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

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

15020094025

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF CHRIS MCDANIEL

Report Covering the Period: From: M M 11 / D D 25 Y Y Y Y 2014 To: M M 12 / D D 31 Y Y Y Y 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	2582761.27
(b) Total Contribution Refunds (from Line 20(d))	8250.00	43254.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-8250.00	2539507.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	2316285.97
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	300.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	2315985.97
8. Cash on Hand at Close of Reporting Period (from Line 27)	8182.61	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	25100.00	

For further information contact:

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

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

15020094026

FEC **Form 3** (Revised 12/2003)

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FRIENDS OF CHRIS MCDANIEL

Report Covering the Period: From: M M 11 / D D 25 / Y Y Y Y 2014 To: M M 12 / D D 31 / Y Y Y Y 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)...	0.00	1361058.37
(ii) Unitemized	0.00	1124068.30
(iii) TOTAL of contributions from individuals	0.00	2485126.67
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	97634.60
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	2582761.27
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES...	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate...	0.00	100100.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	100100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..	0.00	300.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	150.75	623077.52
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	150.75	3306238.79

15020094027

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	0.00	2316285.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES...	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans...	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...	8250.00	43254.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	8250.00	43254.00
21. OTHER DISBURSEMENTS...	9431.59	838692.89
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	17681.59	3198232.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	25713.45
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	150.75
25. SUBTOTAL (add Line 23 and Line 24)...	25864.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	17681.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	8182.61

15020094028

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 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)
FRIENDS OF CHRIS MCDANIEL

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

Mailing Address 1775 BORADWAY FRNT 3

City: NEW YORK | State: NY | Zip Code: 10019

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 12 / 19 / 2014

Amount of Each Disbursement this Period: 2400.00

Transaction ID : SB20A.81503

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

Mailing Address 1775 BORADWAY FRNT 3
LOT 28

City: SCOTTSDALE | State: AZ | Zip Code: 85255

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 12 / 19 / 2014

Amount of Each Disbursement this Period: 2400.00

Transaction ID : SB20A.81505

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

Mailing Address 405 CHRISLYN ST

City: TROY | State: TX | Zip Code: 76579-2797

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 12 / 19 / 2014

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB20A.81506

SUBTOTAL of Disbursements This Page (optional) 5200.00

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

15020094029

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

A.
Full Name (Last, First, Middle Initial): MADISON PROJECT INC
Mailing Address: PO BOX 655
City: ALEDO State: TX Zip Code: 76008
Purpose of Disbursement: VOIDED CHECK SEE ID: SB20A.81428
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☐ General ☒ Other (specify) Other
Date of Disbursement: 12 / 31 / 2014
Amount of Each Disbursement this Period: -950.00
Transaction ID : SB20A.81697

B.
Full Name (Last, First, Middle Initial): MR. ROBERT L MERCER
Mailing Address: 600 ROUTE 25 A
City: EAST SETAUKET State: NY Zip Code: 11733-1235
Purpose of Disbursement: CONTRIBUTION REFUND
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 19 / 2014
Amount of Each Disbursement this Period: 2600.00
Transaction ID : SB20A.81504

C.
Full Name (Last, First, Middle Initial): FRANK H. SUITS JR.
Mailing Address: 4545 COSMOS HILL RD
City: CORTLAND State: NY Zip Code: 13045-9186
Purpose of Disbursement: CONTRIBUTION REFUND
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 19 / 2014
Amount of Each Disbursement this Period: 1400.00
Transaction ID : SB20A.81501

SUBTOTAL of Disbursements This Page (optional) 3050.00

TOTAL This Period (last page this line number only) 8250.00

15020094030

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

A.
Full Name (Last, First, Middle Initial): DEVOE CARR PLLC
Mailing Address: P.O. BOX 1237
City: OXFORD State: MS Zip Code: 38655
Purpose of Disbursement: RECOUNT-STRATEGY CONSULTING
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☐ General ☒ Other (specify) Other
Date of Disbursement: 11 / 25 / 2014
Amount of Each Disbursement this Period: 437.50
Transaction ID : SB21.81508

B.
Full Name (Last, First, Middle Initial): RED CURVE SOLUTIONS
Mailing Address: 500 CUMMINGS CENTER SUITE 4400
City: BEVERLY State: MA Zip Code: 01915
Purpose of Disbursement: RECOUNT-COMPLIANCE CONSULTING
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☐ General ☒ Other (specify) Other
Date of Disbursement: 12 / 02 / 2014
Amount of Each Disbursement this Period: 8010.53
Transaction ID : SB21.81509

C.
Full Name (Last, First, Middle Initial): STATE FARM INSURANCE
Mailing Address: 3 STATE FARM PLAZA S
City: BLOOMINGTON State: IL Zip Code: 61704
Purpose of Disbursement: RECOUNT-INSURANCE
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☐ General ☒ Other (specify) Other
Date of Disbursement: 12 / 02 / 2014
Amount of Each Disbursement this Period: 991.46
Transaction ID : SB21.81510

SUBTOTAL of Disbursements This Page (optional) 9439.49

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

15020094031

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

A.
Full Name (Last, First, Middle Initial): TRANSAXT
Mailing Address: 190 MONROE AVE NW, STE 500
City: GRAND RAPIDS State: MI Zip Code: 49503
Purpose of Disbursement: RECOUNT-MERCHANT FEES
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014
☐ Primary ☐ General ☒ Other (specify) Other
Date of Disbursement: 11 / 26 / 2014
Amount of Each Disbursement this Period: 2.24
Transaction ID : SB21.81511

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

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

SUBTOTAL of Disbursements This Page (optional) 2.24

TOTAL This Period (last page this line number only) 9441.73

15020094032

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

Transaction ID : SC/10.10215

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHRISTOPHER BRIAN MCDANIEL

[PERSONAL FUNDS]

Election: 2014
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
506 SOUTH COURT ST

City	State	ZIP Code
ELLISVILLE	MS	39437

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred: M 10 / D 07 / Y 2013

Date Due: M M / D D / Y 12/31/2014

Interest Rate: 0.00 % (apr)

Secured: [ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶ 100.00

TOTALS This Period (last page in this line only)... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020094033

FE5AN018

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF CHRIS MCDANIEL

Transaction ID : SC/10.10216

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
CHRISTOPHER BRIAN MCDANIEL

Election: 2014
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
506 SOUTH COURT ST

City	State	ZIP Code
ELLISVILLE	MS	39437

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	75000.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 15 Y Y Y Y 2013	M M / D Y Y Y Y 12/31/2014	0.00 % (apr)	[ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)... ▶	25000.00
TOTALS This Period (last page in this line only)... ▶	25100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

15020094034

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1/30/2015

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FedEx Express

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CAD: 105653717/INET3610

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WASHINGTON, DC 20510

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JULIE ADAMS
SECRETARY

DANA K. MACCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232

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PHONE(202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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15020094036

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1502009403 7