FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorize	ed Committee	Office	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Howie Lind for Cong	ress			
				1
ADDRESS (number and street)	PO Box 878			
Check if different				
than previously reported. (ACC)	Mclean		VA 22101	1
2. FEC IDENTIFICATION	NUMBER ▼	CITY A	STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00557983	3. IS RE	THIS NEW (N) OR	X AMENDED (A)	VA 10
4. TYPE OF REPORT (Choose One) (b) 12-	Day PRE -Election Report for the		
(a) Quarterly Reports:	(-) 12			D off (10D)
April 15 Quarter	ly Report (Q1)	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly	y Report (Q2)	X Convention (12C)	Special (12S)	
October 15 Qua	rterly Report (Q3)	ection on 04 / 04 26	2014	in the State of
January 31 Year	-End Report (YE) (c) 30-l	Day POST -Election Report for th	ne:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Rep	` '	ection on	/	in the State of
5. Covering Period	01 / D / Y Y 2014		M / D D / Y 1 06	Y Y Y Y 2014
I certify that I have examined	this Report and to the best	of my knowledge and belief it is	true, correct and con	nplete.
Type or Print Name of Treasu	urer Michael Rumberg			
Signature of Treasurer	Aichael Rumberg	[Electronically Filed]	Date 05	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, em	roneous, or incomplete informa	tion may subject the person signin	g this Report to the pe	nalties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

Howie	Lind	for	Congress

R	eport	t Covering the Period: From:	01 01 / Y Y Y Y Y Y TO:	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			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))	16590.00	16590.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	16590.00	16590.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	127740.27	127740.27
	(b)	Total Offsets to Operating Expenditures (from Line 14)	62.54	62.54
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	127677.73	127677.73
8.		sh on Hand at Close of porting Period (from Line 27)	8912.27	
9.	the	ots and Obligations Owed TO Committee (Itemize all on a sedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on addule C and/or Schedule D)	120000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

منبند	Lind	for	Congress
nowie	LING	101	Congress

	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)	14900.00	14900.00		
	(ii) Unitemized	1690.00	1690.00		
	(iii) TOTAL of contributions from individuals	16590.00	16590.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	16590.00	16590.00		
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
	LOANS:				
	(a) Made or Guaranteed by the Candidate	120000.00	120000.00		
	(b) All Other Loans	0.00	0.00		
	(c) TOTAL LOANS (add Lines 13(a) and (b))	120000.00	120000.00		
	OFFSETS TO OPERATING				
	EXPENDITURES (Refunds, Rebates, etc.)	62.54	62.54		
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00		
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	136652.54	136652.54		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	127740.27	127740.27
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	127740.27	127740.27
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	136652.54
25.	SUBTOTAL (add Line 23 and Line 24)		136652.54
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	127740.27
	CASH ON HAND AT CLOSE OF REPORTING	C DEDIOD	

1mage# 14960908036 PAGE 5 / 59

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3A
Transaction ID:

This is the Pre-Canvass report; FECFile did not give option to select in 'Pre-Canvass'; 13 May 2014 Amendment filed in response to Request for Additional Information dated 7 May 2014 to address request for clarifying information.

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 6 OF 59 (check only one) 11a 11b 11c 12 13a 13b 14

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Howie Lind for Congress** Full Name (Last, First, Middle Initial) Steven S Allen Date of Receipt Mailing Address 2381 Gard Ave 2014 28 City State Zip Code Transaction ID: SA11AI.4166 IN 50535 Early FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation Contribution Retired Retired Receipt For: 2014 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Bruce W Boyd Date of Receipt Mailing Address 3609 1st Road S 31 2014 City State Zip Code Transaction ID: SA11AI.4321 Arlington VA 22204 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Retired Contribution Retired Receipt For: 2014 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Stephen Breedwell Date of Receipt Mailing Address 13817 Ashvale Dr 2014 05 City State Zip Code Transaction ID: SA11AI.4203 VA Fairfax 22033 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Techcorps, Inc Real Estate Appraiser Contribution Receipt For: 2014 Election Cycle-to-Date | Y Primary General Other (specify) 250.00 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF 59 (check only one) 11a 11b 11c 12 13a 13b 14

Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Howie Lind for Congress** Full Name (Last, First, Middle Initial) Eric F Bush Date of Receipt Mailing Address 14529 Creek Branch Ct 2014 12 City State Zip Code Transaction ID: SA11AI.4131 VA 20120 Centreville FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation Contribution Mitre Corp Systems Engineer Receipt For: 2014 Election Cycle-to-Date Y Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Carl P Cecil Date of Receipt Mailing Address 4616 Sutton Oaks Dr 17 2014 City State Zip Code Transaction ID: SA11AI.4141 Chantilly VA 20151 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Sales Contribution Schneider Electric Receipt For: 2014 Election Cycle-to-Date | Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) Ronald Christenson Date of Receipt Mailing Address 43279 Warwick hills Ct 2014 18 City State Zip Code Transaction ID: SA11AI.4133 VA Leesburg 20176 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Retired Retired Contribution Receipt For: 2014 Election Cycle-to-Date | Yrimary General Other (specify) 250.00 750.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) 11a 11b 11c

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for each category of the 11d Detailed Summary Page 12 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Howie Lind for Congress** Full Name (Last, First, Middle Initial) Steven Gremminger Date of Receipt Mailing Address 7121 Darby Rd 2014 26 City State Zip Code Transaction ID: SA11AI.4214 MD 20817 Bethesda FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Contribution Self Attorney Receipt For: 2014 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Phyllis Lind Date of Receipt Mailing Address 9513 Veirs Drive Unit #1 18 2014 City State Zip Code Transaction ID: SA11AI.4158 Rockville MD 20850 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation Retired Contribution Retired Receipt For: 2014 Election Cycle-to-Date | Primary General 2600.00 Other (specify) Full Name (Last, First, Middle Initial) Phyllis Lind Date of Receipt Mailing Address 9513 Veirs Drive Unit #1 2014 18 City Zip Code State Transaction ID: SA11AI.4160 MD Rockville 20850 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation Retired Retired Contribution Receipt For: 2014 Election Cycle-to-Date X General Primary 5200.00 Other (specify) 5700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 9 OF 59 (check only one) 11a 11d 11b 11c 12

Use separate schedule(s) for each category of the Detailed Summary Page 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Howie Lind for Congress** Full Name (Last, First, Middle Initial) Edward G McAnaney Date of Receipt Mailing Address Suffield Village 2014 11 City State Zip Code Transaction ID: SA11AI.4125 CT 06078 Suffield FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Contribution Attorney McAnaney & McAnaney Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Aftab Qureshi Date of Receipt Mailing Address 6413 Divine St 21 2014 City State Zip Code Transaction ID: SA11AI.4147 Mclean VA 22101 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Senior Advisor Contribution World Bank Receipt For: 2014 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Elizabeth Schafer Date of Receipt Mailing Address PO Box 616 2014 18 City State Zip Code Transaction ID: SA11AI.4161 DE Lewes 19958 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation **US Postal Service** Treasurer Contribution Receipt For: 2014 Election Cycle-to-Date | Y Primary General Other (specify) 2600.00 3600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 10 OF 59 (check only one) 11a 11b 11d 11c 12 13a 13b 14

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Howie Lind for Congress** Full Name (Last, First, Middle Initial) Elizabeth Schafer Date of Receipt Mailing Address PO Box 616 2014 18 City State Zip Code Transaction ID: SA11AI.4163 DE 19958 Lewes FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2600.00 Name of Employer Occupation Contribution **US Postal Service** Treasurer Receipt For: 2014 Election Cycle-to-Date X General Primary 5200.00 Other (specify) Full Name (Last, First, Middle Initial) Sharon K Todd Date of Receipt Mailing Address 6605 Madison Mclean Dr 25 2014 City State Zip Code Transaction ID: SA11AI.4149 Mclean VA 22101 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Retired Contribution Retired Receipt For: 2014 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **Durbin Williams** Date of Receipt Mailing Address 107 Proclamation Dr 2014 07 City State Zip Code Transaction ID: SA11AI.4119 VA Winchester 22603 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Retired Retired Contribution Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 250.00 3850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINI	e number	: PAGE	11 OF	59
(check or	nly one)			
X _{11a}	11b	11c	11d	
12	13a	13b	14	15

NAME OF COMMITTEE (In Full) Howie Lind for Congress Full Name (Last, First, Middle Initial) Durbin Williams Mailing Address 107 Proclamation Dr	
Durbin Williams Date of Receipt	
City State Zip Code Transaction ID : SA11AI.4155 Winchester VA 22603 FEC ID number of contributing C Amount of Each Receipt this Period	
Name of Employer Retired Receipt For: 2014 Primary Other (specify) Coccupation Retired Election Cycle-to-Date 500.00 Contribution	.00
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code	Y
FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Amount of Each Receipt this Period	
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code	Y
FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Amount of Each Receipt this Period Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional) 250.00 TOTAL This Period (last page this line number only)	==

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 59 (check only one) 11a
				person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Howie Lind for Congress			
<u></u>	Full Name (Last, First, Middle Initial)			
A.	Howard Rhodes Lind	Date of Receipt		
	Mailing Address 1313 Rockland Terrace	02 12 2014		
	City			
	Mclean	VA	22101	Transaction ID : SA13A.4169
	FEC ID number of contributing federal political committee.	С на	VA10121	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	75000.00
	Retired	Retired		Loan from Candidate
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 75000.00	
В.	Full Name (Last, First, Middle Initial) Howard Rhodes Lind			Date of Receipt
Ь.	Mailing Address 1313 Rockland Terrace			03
	City Mclean	Zip Code 22101	Transaction ID : SA13A.4171	
	FEC ID number of contributing federal political committee.	C H4V	/A10121	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	20000.00
	Retired	Retired		Loan from Candidate
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 95000.00	
	Full Name (Last, First, Middle Initial) Howard Rhodes Lind			Date of Receipt
U.	Mailing Address 1313 Rockland Terrace	01.1		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Mclean	State VA	Zip Code 22101	Transaction ID : SA13A.4172
	FEC ID number of contributing federal political committee.	С на	VA10121	Amount of Each Receipt this Period
	Name of Employer Retired	Occupation Retired	1	Loan from Candidate
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 120000.00	
s	UBTOTAL of Receipts This Page (optional)			120000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 13 59 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Howie Lind for Congress Full Name (Last, First, Middle Initial) 10TH DISTRICT REPUBLICAN CONGRESSIONAL COMMITTEE Date of Disbursement 2014 Mailing Address PO BOX 650552 02 26 City State Zip Code Amount of Each Disbursement this Period VA POTOMAC FALLS 20165 Purpose of Disbursement 10000.00 Candidate Filing Fee 800 Transaction ID: SB17.4188 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Barchetta Enterprises, LC Date of Disbursement Mailing Address 7138 Little River TP # 210 03 21 2014 City State Zip Code Amount of Each Disbursement this Period VA 22003 Annandale 1200.00 Purpose of Disbursement Acctg & Compliance Services 001 Transaction ID: SB17.4285 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) c. Barchetta Enterprises, LC Date of Disbursement Mailing Address 7138 Little River TP # 210 01 2014 04 City State Zip Code Amount of Each Disbursement this Period 22003 Annandale VA Purpose of Disbursement 500.00 Accounting & Compliance 001 Transaction ID : SB17.4328 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: District: 11700.00 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		ZED DISBURSEMENTS for each catego		nedule(s) y of the	FOR LINE NUMBER: PAGE 14 OF 59 (check only one) X 17
for commercial possible NAME OF COMM	urposes, other than u				erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. Barchetta Enterprises, LC Mailing Address 7138 Little River TP # 210					Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		State VA	Zip Code 22003	001 Category/ Type	Amount of Each Disbursement this Period 700.00 Transaction ID: SB17.4329
Office Sought: State:	House Senate President District:	X Primary	General		
Best Buy Mailing Address 1861 Fountain Drive				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y 12 2014	
City State Reston VA Purpose of Disbursement Office supplies Candidate Name			Zip Code 20190	001 Category/	Amount of Each Disbursement this Period 53.50 Transaction ID : SB17.4347 [MEMO ITEM]
Office Sought:	House Senate President District:	Y Primary	General	Турс	
Dell Compu	iters				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Equipmen Candidate Name Office Sought:	House Senate President	TX 75	: 2014 General	001 Category/ Type	Amount of Each Disbursement this Period 676.26 Transaction ID : SB17.4250
	rinformation copfor commercial post post post post post post post post	/ information copied from such Reports for commercial purposes, other than use NAME OF COMMITTEE (In Full) Howie Lind for Congress Full Name (Last, First, Middle Initial) Barchetta Enterprises, LC Mailing Address 7138 Little River TP # City Annandale Purpose of Disbursement Compliance & Accounting Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Best Buy Mailing Address 1861 Fountain Drive City Reston Purpose of Disbursement Office supplies Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Dell Computers Mailing Address 1 Dell Way City Round Rock Purpose of Disbursement Office Equipment Candidate Name Office Sought: House Senate President Office Equipment Candidate Name	rinformation copied from such Reports and Statements may for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Howie Lind for Congress Full Name (Last, First, Middle Initial) Barchetta Enterprises, LC Mailing Address 7138 Little River TP # 210 City State Annandale VA Purpose of Disbursement Compliance & Accounting Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Best Buy Mailing Address 1861 Fountain Drive City State City State City State Office Soughl: House VA Purpose of Disbursement Office supplies Candidate Name Office Sought: House Senate Primary Other (senate) Disbursement For Senate President State: District: Full Name (Last, First, Middle Initial) Dell Computers Mailing Address 1 Dell Way City State Zig Round Rock TX 7 Office Equipment Candidate Name Office Sought: House Disbursement For Senate Purpose of Disbursement Office Equipment Candidate Name Office Sought: House Disbursement For Purpose of Disbursement Office Equipment Candidate Name	rinformation copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any poli NaME OF COMMITTEE (In Full) Howie Lind for Congress Full Name (Last, First, Middle Initial) Barchetta Enterprises, LC Mailing Address 7138 Little River TP # 210 City State Zip Code Annandale VA 22003 Purpose of Disbursement Compliance & Accounting Candidate Name Office Sought: House President President Office Supplies Candidate Name Office Sought: House President President Office Supplies Candidate Name Office Sought: House Disbursement For: 2014 Reston VA 20190 Purpose of Disbursement Office Supplies Candidate Name Office Sought: House Disbursement For: 2014 Senate President President Other (specify) Disbursement For: 2014 Reston VA 20190 Purpose of Disbursement Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Dell Computers Mailing Address 1 Dell Way City State Zip Code TX 78682 Purpose of Disbursement Office Equipment Candidate Name Office Sought: House Disbursement For: 2014 Purpose of Disbursement Office Equipment Candidate Name Office Sought: House Disbursement For: 2014 Primary General Other (specify) Dell Computers Mailing Address 1 Dell Way City State Zip Code TX 78682 Purpose of Disbursement For: 2014 Purpose of Disbursement For: 2014	SEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page Information copied from such Reports and Statements may not be sold or used by any por commercial purposes, other than using the name and address of any political committee. NAME OF COMMITTEE (In Full) Howie Lind for Congress Full Name (Last, First, Middle Initial) Barchetta Enterprises, LC Mailing Address 7138 Little River TP # 210 City State Zip Code VA 22003 Purpose of Disbursement Compliance & Accounting Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Best Buy Mailing Address 1861 Fountain Drive City State Zip Code VA 20190 Purpose of Disbursement Office supplies Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Dell Computers Mailing Address 1 Dell Way City State Zip Code VA 20190 Primary General Office Sought: Frimary General Primary General Office Sought: Senate President State: District: Full Name (Last, First, Middle Initial) Dell Computers Mailing Address 1 Dell Way City State Zip Code VA 78682 Purpose of Disbursement Office Equipment Candidate Name Category/ Type Office Equipment Candidate Name Category/ Type Disbursement For: 2014 Primary General Other (specify)

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

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

1mage# 14960908046 PAGE 15 / 59

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SB17 Transaction ID: SB17.4347

memo item to detail reimbursement of \$2379.10 for office supplies to Election Impact Group

•••	lagon i lococco i										
S	CHEDULE B (FE	C Form 3)	Use senarate s	1			FOR LINE NUMBER: PAGE 16 OF 59 (check only one)				
ΙT	EMIZED DISBUR	SEMENTS	for each catego				18 20b		19a 20c	19b	
		such Reports and Statemen other than using the name a					ose of so		contrib	outions	
	NAME OF COMMITTEE (In Howie Lind for Co	•									
Α.	Full Name (Last, First, Middle Initial) Dell Computers					e of Disb		V	YIYI	V	
	Mailing Address 1 Dell Way					03	12		2014	T	
	City Round Rock	State TX	Zip Code 78682		Am	ount of E	ach Disbu	rseme			
	Purpose of Disbursement Office equipment			001	Trans	saction ID	: SB17.42		233.	.19	
	Candidate Name	1 2		Category/ Type							
	Sei		For: 2014 nary General er (specify)								
	State: District:										
В.						te of Disb	ursement	Υ	Y " Y "	Υ	
	Mailing Address 1 Dell Way				03 13 2014						
	City Round Rock	State TX	Zip Code 78682		Am	ount of E	ach Disbu	rseme			
	Purpose of Disbursement Office equipment				179.14 Transaction ID : SB17.4264			.14			
	Candidate Name	Diah	- Farry 2011	Category/ Type							
	Sel	use Disbursement nate									
	State: District:										
C.	Full Name (Last, First, Middle Initial) Election Impact Group				Dat	e of Disb	ursement				
	Mailing Address 18 31st St				М	02 /	26		2014	Υ	
	City State Zip Code Gulfport MS 39057				Am	ount of E	ach Disbu	rseme	nt this F	Period	
	Purpose of Disbursement Campaign Mgmt Consulting fee			001	<u> </u>		00:=::		1500	.00	
	Candidate Name				Trans	action ID	: SB17.41	90			
	Sel		For: 2014 nary General er (specify)								
	State: District:	State: Dietrict:									

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

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ın	nage# 14960908048				
	CHEDULE B (FEC Form EMIZED DISBURSEMENT	Use separate sch for each category Detailed Summar	nedule(s) (of the	PAGE 17 OF 59 (check only one) X 17	
					erson for the purpose of soliciting contributions to solicit contributions from such committee.
<u>S.</u>	NAME OF COMMITTEE (In Full) Howie Lind for Congress	ong the name and t	address of any poin	iloui oomimiicoc	to continue and a deriver manual communication.
_	Full Name (Last, First, Middle Initial)				Date of Disbursement
A.	Election Impact Group				M M / D D / Y Y Y Y
	Mailing Address 18 31st St				02 26 2014
	City	State	Zip Code		Amount of Each Disbursement this Period
	Gulfport	MS	39057		442.50
	Purpose of Disbursement Reimburse Travel expense - mileage			002	443.58 Transaction ID : SB17.4192
	Candidate Name			Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For Primary Other (s	General		
_	Full Name (Last, First, Middle Initial)				
В.	Election Impact Group Mailing Address 18 31st St				Date of Disbursement O2 26 2014
	City	State	Zip Code		
	Gulfport	MS	39057		Amount of Each Disbursement this Period
	Purpose of Disbursement Printing - stickers			001	1117.19 Transaction ID : SB17.4193
	Candidate Name			Category/ Type	Transaction 15 1 65 111 1166
	Office Sought: House Senate President	Disbursement For Primary Other (s	General		
_	State: District:				
Full Name (Last, First, Middle Initial) C. Election Impact Group					Date of Disbursement
	Mailing Address 18 31st St				02 / D D / Y Y Y Y Y 26 2014
	City		p Code		Amount of Each Disbursement this Period
	Gulfport MS 39057 Purpose of Disbursement				301.17
	Office supplies Candidate Name			001 Category/ Type	Transaction ID : SB17.4194
	Office Sought: House Senate President	Disbursement For Primary Other (s	General		

State:

District:

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

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""	lage# 14300300043								
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use separate so	hedule(s) (d	FOR LINE NUMBER: PAGE 18 OF 59 (check only one)				
			for each categor Detailed Summa		X 17 18 19a 19b 20a 20b 20c 21				
					erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Howie Lind for Congre	ess							
A.	Full Name (Last, First, Middle In Election Impact Group	Date of Disbursement							
	Mailing Address 18 31st St				03 06 2014				
	City Gulfport	State MS	1	Amount of Each Disbursement this Period					
	Purpose of Disbursement Consulting fee - Campaign Mana Candidate Name	agement	001	1500.00 Transaction ID : SB17.4223					
	Office Sought: House	Disbursement For	: 2014	Category/ Type	_				
	Senate Presiden	t Primary Other (s							
	State: District: Full Name (Last, First, Middle In	itial)							
В.	Election Impact Group	Date of Disbursement							
	Mailing Address 18 31st St			03 06 2014					
	City Gulfport	State MS	I	Amount of Each Disbursement this Period 2560.00					
	Purpose of Disbursement Printing Expense, letterhead, en Candidate Name	velopes	001	Transaction ID : SB17.4225					
	055	Disbursement For	Category/ Type	_					
	Office Sought: House Senate Presiden	Primary	General						
_	State: District: Full Name (Last, First, Middle In	itial\							
C.	Election Impact Group	Date of Disbursement							
	Mailing Address 18 31st St	03 06 7 7 9 9							
	City Gulfport	State Zi MS 3		Amount of Each Disbursement this Period					
	Purpose of Disbursement Office supplies		001	1185.91					
	Candidate Name		Category/ Type	Transaction ID : SB17.4226					
	Office Sought: House Senate Presiden	Disbursement For Primary Other (s	General	1					
	State: District:	. Culei (s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use separate scl	` '		FOR LINE NUMBER: PAGE 19 OF 59 (check only one)					
			Detailed Summa	y Page		20a	\vdash	20b		20c	21
	ny information copied from such Reports and Stat for commercial purposes, other than using the na					n for the pu		e of sol		contri	butions
	NAME OF COMMITTEE (In Full) Howie Lind for Congress										
Α.	Full Name (Last, First, Middle Initial) Election Impact Group						Date of Disbursement				
	Mailing Address 18 31st St			03 12 2014							
	City Gulfport		Amount of Each Disbursement this Period								
	Purpose of Disbursement Consulting fee - Campaign Mgmt, reimburse office Candidate Name	001		2379.10 Transaction ID : SB17.4263					9.10		
		ement For:	2014	Category/ Type							
	Senate X	Primary Other (sp	General								
_	State: District: Full Name (Last, First, Middle Initial)										
В.	Floation Impact Group					Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Mailing Address 18 31st St City State Zip Code										
	City Gulfport Purpose of Disbursement		Amount of Each Disbursement this Period 1600.00								
	Campaign Managment Consultant fee Candidate Name	001 Category/		Transaction ID : SB17.4288					3.00		
				Type							
	Senate President	ement For: Primary Other (sp	General								
_	State: District:										
C.	Full Name (Last, First, Middle Initial) Election Impact Group					Date of Dis			_		
	Mailing Address 18 31st St					03	2	27		y y 2014	Y
	City State		Code			Amount of	Each	Disbur	rseme	nt this	Period
	Gulfport MS 39057 Purpose of Disbursement Campaign Management Consulting fee						,		,	1500	0.00
	Candidate Name	001 Category/ Type	, Tr	ansaction l	D : S	B17.43	10				
	Office Sought: House Senate President Disburse	ement For: Primary Other (sp	General								
	State: District:										

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

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1mage# 14960908051 PAGE 20 / 59

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SB17 Transaction ID: SB17.4263

amended to more clearly indicate purpose of disbursement: \$1,500 as Campaign Management consultant fee; \$700.63 in office supplies; \$44.94 in postage; \$33.85 in taxi fare; \$99.68 in lodging expense. See memo items for

details.

	•										
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS				I I		FOR LINE NUMBER: PAGE 21 OF 59 (check only one) X 17					
						person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
	NAME OF COMM Howie Lind	ITTEE (In Full) for Congress									
<u></u>	Full Name (Last, I	First, Middle Initial)									
A.	Election Imp	. ,	Date of Disbursement O4 01 2014								
	Mailing Address	18 31st St									
	City Gulfport		State MS	Zip Code 39057		Amount of Each Disbursement this Period					
	Purpose of Disburcampaign Manag	rsement gement Consultant fee	,		001	1500.00 Transaction ID : SB17.4335					
	Candidate Name			Category/ Type							
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General							
	State:	District:									
В.	Election Imp	·	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City State Zip Code					Amount of Each Disbursement this Period					
	Gulfport MS 39057 Purpose of Disbursement Reimburse Fedex fee 001					97.00					
	Candidate Name				Category/ Type	Transaction ID : SB17.4336					
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General							
_	State:	District:									
C.	Fairfax Yello	First, Middle Initial) Ow Cab	Date of Disbursement								
	Mailing Address 3251 Washington Blvd					03 / 12 / 2014					
	City State Zip Code					Amount of Each Disbursement this Period					
	Arlington VA 22201 Purpose of Disbursement Taxi fare					33.85					
	Candidate Name					Transaction ID : SB17.4346					
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General	Type	[MEMO ITEM]					
	State:	District:									

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

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1mage# 14960908053 PAGE 22 / 59

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SB17 Transaction ID: SB17.4346

memo item to detail reimbursement of \$2379.10 to Election Impact Group

SCHEDULE B (FEC Form 3)

PAGE 23 59 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Howie Lind for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Michael Giere 2014 Mailing Address 4330 Greenberry Ln 02 City State Zip Code Amount of Each Disbursement this Period VA Annandale 22003 Purpose of Disbursement 500.00 Policy Consultant fee 001 Transaction ID: SB17.4178 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: Full Name (Last, First, Middle Initial) Michael Giere Date of Disbursement Mailing Address 4330 Greenberry Ln 02 24 2014 City State Zip Code Amount of Each Disbursement this Period VA 22003 Annandale 500.00 Purpose of Disbursement Policy Consultant fee 001 Transaction ID: SB17.4186 Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Michael Giere Mailing Address 4330 Greenberry Ln 03 03 2014 City State Zip Code Amount of Each Disbursement this Period 22003 Annandale VA Purpose of Disbursement 500.00 Policy Consultant fee 001 Transaction ID: SB17.4216 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: District: 1500.00 SUBTOTAL of Disbursements This Page (optional).....

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

1mage# 14960908055 PAGE 24 / 59

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SB17 Transaction ID: SB17.4178

Policy Consultant fee

Form/Schedule: SB17 Transaction ID: SB17.4186

Policy Consultant fee

1mage# 14960908056 PAGE 25 / 59

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SB17 Transaction ID: SB17.4216

Policy Consultant fee

ITEMIZED DISBURSEMENTS

PAGE 26 59 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 19b 18 19a Detailed Summary Page 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) Howie Lind for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Michael Giere 2014 Mailing Address 4330 Greenberry Ln 03 17 City State Zip Code Amount of Each Disbursement this Period VA Annandale 22003 Purpose of Disbursement 500.00 Consultant fee 001 Transaction ID: SB17.4273 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: Full Name (Last, First, Middle Initial) Michael Giere Date of Disbursement Mailing Address 4330 Greenberry Ln 03 18 2014 City State Zip Code Amount of Each Disbursement this Period VA 22003 Annandale 500.00 Purpose of Disbursement Consultant fee 001 Transaction ID: SB17.4277 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Michael Giere Mailing Address 4330 Greenberry Ln 03 2014 18 City State Zip Code Amount of Each Disbursement this Period 22003 Annandale VA Purpose of Disbursement 500.00 Consultant fee 001 Transaction ID : SB17.4278 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary

Other (specify)

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

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

State:

President

District:

1mage# 14960908058 PAGE 27 / 59

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SB17 Transaction ID: SB17.4273

Policy Consultant fee

Form/Schedule: SB17 Transaction ID: SB17.4277

Policy Consultant fee

1mage# 14960908059 PAGE 28 / 59

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SB17 Transaction ID: SB17.4278

Policy Consultant fee

ITEMIZED DISBURSEMENTS

PAGE 29 59 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 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) Howie Lind for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Michael Giere 2014 Mailing Address 4330 Greenberry Ln 03 25 City State Zip Code Amount of Each Disbursement this Period VA Annandale 22003 Purpose of Disbursement 500.00 Consultant fee 001 Transaction ID: SB17.4305 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: Full Name (Last, First, Middle Initial) Gretchen Hahn Date of Disbursement Mailing Address 11033 Thrush Ridge Rd 03 12 2014 City State Zip Code Amount of Each Disbursement this Period VA 20191 Reston 700.00 Purpose of Disbursement Consultant fee - Fundraising/Office Administration 001 Transaction ID: SB17.4262 Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Gretchen Hahn Mailing Address 11033 Thrush Ridge Rd 2014 04 City State Zip Code Amount of Each Disbursement this Period Reston VA 20191 487.50 Purpose of Disbursement Consultant fee - fundraising/office administration 001 Transaction ID : SB17.4337 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: District:

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

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

1mage# 14960908061 PAGE 30 / 59

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SB17 Transaction ID: SB17.4305

Policy Consultant fee

Form/Schedule: SB17 Transaction ID: SB17.4262

Amended to clarify purpose of consultant fee

1mage# 14960908062 PAGE 31 / 59

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SB17 Transaction ID: SB17.4337

amdended to indicate purpose of consultant fee

SCHEDULE B (FEC Form 3) ITEMIZED DISRURSEMENTS

PAGE 32 OF 59 FOR LINE NUMBER: (check only one) Use separate schedule(s) for each category of the

1	EMIZED DISBURSEMENTS	Detailed Summar			17 20a	18 20b	19a 20c	19b 21				
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a				he purp	ose of solic	ting contrib	utions				
\rangle	NAME OF COMMITTEE (In Full) Howie Lind for Congress											
۹.	Full Name (Last, First, Middle Initial) Phillip Hamilton			M	Date of Disbursement							
	Mailing Address 147 Yorktown Dr	03	03 08 2014									
	City State Ruther Glen VA		Amou	Amount of Each Disbursement this Period								
	Purpose of Disbursement Consultant fee - Field Director, reimburse travel expense - m	22546 nileage	001	Transac	1060.53 Transaction ID : SB17.4235							
	Candidate Name		Category/ Type									
	Office Sought: House Senate President Other (s	General										
3.	State: District: Full Name (Last, First, Middle Initial) Phillip Hamilton			Date		ursement	y " y " y "	Y				
	Mailing Address 147 Yorktown Dr		03 21 2014									
	City State Ruther Glen VA	Amou	Amount of Each Disbursement this Period									
	Purpose of Disbursement Consulting fee - Field Director; reimburse mileage expense Candidate Name		001	Transa	1666.21 Transaction ID : SB17.4291							
		. 2044	Category/ Type									
	Office Sought: House Senate President State: Disbursement For Primary Other (s	General										
Э.	Full Name (Last, First, Middle Initial) Phillip Hamilton			Date	of Disbu	ırsement						
	Mailing Address 147 Yorktown Dr			04 / D D / Y Y Y Y Y O1 2014								
		p Code 2546		Amou	int of Ea	ch Disburse	ement this P	eriod				
	Ruther Glen VA 2 Purpose of Disbursement Consultant fee, Field Director & travel expense - mileage	7 C	887.02									
	Candidate Name	001 Category/ Type		Transaction ID : SB17.4343								
	Office Sought: House Senate President State: Disbursement For Primary Other (s	General										
_				<u> </u>			3613.	76				
	UBTOTAL of Disbursements This Page (optional)			- =				Ħ				
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1mage# 14960908064 PAGE 33 / 59

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SB17 Transaction ID: SB17.4235

Consultant fee = \$750, \$310.53 is travel expense reimbursement - mileage at \$0.56/mi

Form/Schedule: SB17 Transaction ID: SB17.4291

\$1500 is consultant fee for 3 weeks, \$166.21 reimbursement of travel expense mileage at \$0.56/mi

1mage# 14960908065 PAGE 34 / 59

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SB17 Transaction ID: SB17.4343

\$500 is consultant fee (field director0, balance is reimbursement of mileage expense at \$0.56/mi

	-						
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	edule(s) of the	FOR LINE NUMBER: PAGE 35 OF 59 (check only one) X 17			
	ny information copied from such Reports and Statement for commercial purposes, other than using the name a			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) Howie Lind for Congress						
Α.	Full Name (Last, First, Middle Initial) Charles Kettner Mailing Address POB 68448	Date of Disbursement O2 26 2014					
	City State			Amount of Each Disbursement this Period			
	Virginia Beach Purpose of Disbursement Public Relations Consulting fee	23471	001	2000.00 Transaction ID : SB17.4196			
	Candidate Name		Category/ Type	Transaction ib . 3517.4190			
_	State: District: Full Name (Last, First, Middle Initial)						
В.	Howard Rhodes Lind Mailing Address 1313 Rockland Terrace	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	CityStateMcleanVA		Amount of Each Disbursement this Period				
	Purpose of Disbursement Reimburse Reston GOP Dinner Registration Candidate Name	650.00 Transaction ID: SB17.4173					
			Category/ Type				
_	otato.						
C.	Full Name (Last, First, Middle Initial) Howard Rhodes Lind	Date of Disbursement					
	Mailing Address 1313 Rockland Terrace	02 18 2014					
	City State Mclean VA	Amount of Each Disbursement this Period					
	Purpose of Disbursement Reimburse Campaign Manager Retainer Fee; Election In	6000.00					
	Candidate Name	Category/ Type	Transaction ID : SB17.4174				
	Office Sought: House Disbursement						
	State: VA District: 10						

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

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1mage# 14960908067 PAGE 36 / 59

: 97 A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: SB17 Transaction ID: SB17.4173

Reimburse registration for republican party dinner: 2 Feb 2012, Republican Club of Greater Reston, P.O. Box 2891,

Reston, Virginia 20195

Form/Schedule: SB17 Transaction ID: SB17.4174

Reimburse retainer for Election Impact Group for Campaign Manager services: Election Impact Group, 18 31st St,

Gulfport, MS 39057, date of original expense: 14 February 2014

ITEMIZED DISBURSEMENTS

PAGE 37 59 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 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) Howie Lind for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Howard Rhodes Lind 2014 Mailing Address 1313 Rockland Terrace 02 18 City State Zip Code Amount of Each Disbursement this Period VA Mclean 22101 Purpose of Disbursement 1318.50 Reimburse Campaign Manager travel expense 002 Transaction ID: SB17.4175 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President VΑ State: District: Full Name (Last, First, Middle Initial) Howard Rhodes Lind Date of Disbursement Mailing Address 1313 Rockland Terrace 02 18 2014 City State Zip Code Amount of Each Disbursement this Period VA 22101 Mclean 3000.00 Purpose of Disbursement Reimburse Field Director Retainer (Orndorff) 001 Transaction ID: SB17.4176 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President State: VA District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Howard Rhodes Lind Mailing Address 1313 Rockland Terrace 02 2014 18 City State Zip Code Amount of Each Disbursement this Period Mclean 22101 250.00 Purpose of Disbursement Reimburse Frederick County GOP Dinner registation 011 Transaction ID : SB17.4177 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify)

VA

District:

10

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

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

State:

1mage# 14960908069 PAGE 38 / 59

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SB17 Transaction ID: SB17.4175

Travel Expenses include: 5 Feb 2014, \$944 airfare to United Airlines, Inc.233 S. Wacker Drive, Chicago, IL 60606; 5

Feb 2014, \$374.50 hotel expense to Sheraton Reston Hotel, 11810 Sunrise Valley Dr, Reston, VA 20191

Form/Schedule: SB17 Transaction ID: SB17.4176

Reimburse retainer for Field Director - Craig Orndorff, 467 Toll House Rd, Maurertown VA 22644; 12 Feb 2014.

1mage# 14960908070 PAGE 39 / 59

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SB17 Transaction ID: SB17.4177

Registation for County Party Committee dinner: 12 Feb 2014; Frederick County Republican Cmte, P.O. Box 1688,

Winchester, Virginia 22604

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS			FOR LINE NUMBER: PAGE 40 OF 59 (check only one) 17 18 19a 19b 20a 20b 20c 21
	ny information copied from such Reports and Statements for commercial purposes, other than using the name ar			
	NAME OF COMMITTEE (In Full) Howie Lind for Congress			
Α.	Full Name (Last, First, Middle Initial) Lind for Senate			Date of Disbursement
	Mailing Address POB 878			04 01 2014
	City State Mclean VA	Zip Code 22101		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent		001	10627.50 Transaction ID : SB17.4340
	Candidate Name		Category/ Type	
	Office Sought: House Senate President State: VA Disbursement Prima Othe			
В.	Full Name (Last, First, Middle Initial) Mountaintop Media Mailing Address POB 578			Date of Disbursement O2 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Sparta NJ	Zip Code 07871		Amount of Each Disbursement this Period
	Sparta NJ Purpose of Disbursement inv 7973 stationery, envelopes Candidate Name	0/6/1	001 Category/	6762.87 Transaction ID : SB17.4181
	Office Sought: Senate President State: Disbursement Prima Othe		Туре	
_	Full Name (Last, First, Middle Initial)			
C.	Mountaintop Media			Date of Disbursement
	Mailing Address POB 578			02 242014
	City State Sparta NJ	Zip Code 07871		Amount of Each Disbursement this Period
	Purpose of Disbursement Printing - palm cards	001	812.50	
	Candidate Name	Category/ Type	Transaction ID : SB17.4184	
	Office Sought: House Disbursement	-		
_	State: District:	••		
				18202.87

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•••	1.000000072							
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	ose separate sc		OR LINE NUMBER: PAGE 41 OF 59 check only one) X 17 18 19a 19b				
•	LIMIZED DIOBOTIOEMENTO	Detailed Summa		X 17 18 19a 19b 20a 20b 20c 21				
	ny information copied from such Reports and Statements r for commercial purposes, other than using the name and			person for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) Howie Lind for Congress							
Α.	Full Name (Last, First, Middle Initial) Mountaintop Media			Date of Disbursement				
	Mailing Address POB 578			02 24 2014				
	City State Sparta NJ	Zip Code 07871		Amount of Each Disbursement this Period				
	Purpose of Disbursement Reimburse Travel Expense		002	561.39 Transaction ID : SB17.4185				
	Candidate Name Office Sought: House Disbursement Fo	ır: 2014	Category/ Type					
	Senate Primary President Other (
_	State: District: Full Name (Last, First, Middle Initial)							
В.	Mountaintop Media			Date of Disbursement				
	Mailing Address POB 578		02 26 2014					
	City State Sparta NJ Purpose of Disbursement	Zip Code 07871	Γ	Amount of Each Disbursement this Period				
	Radio Advertising Candidate Name		004 Category/	Transaction ID : SB17.4195				
			Type					
	Office Sought: House Senate President Disbursement Fo Primary Other (·						
	State: District:							
C.	Full Name (Last, First, Middle Initial) Mountaintop Media			Date of Disbursement				
	Mailing Address POB 578		03					
	•	ip Code 07871		Amount of Each Disbursement this Period				
	Sparta NJ (Purpose of Disbursement		14063.76					
	Postage for mailer							
	Candidate Name		Category/ Type	Transaction ID : SB17.4220				
	Office Sought: House Senate President Disbursement Fo Primary Other (
	State: District:							

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

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	ose separate sci		OR LINE NUMBER: PAGE 42 OF 59 check only one)				
•	EMIZED DISBURSEMENTS	Detailed Summa		X 17 18 19a 19b 20a 20b 20c 21				
	ny information copied from such Reports and Stateme for commercial purposes, other than using the name			erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) Howie Lind for Congress							
A.	Full Name (Last, First, Middle Initial) Mountaintop Media			Date of Disbursement				
	Mailing Address POB 578			03 11 2014				
	City Star Sparta NJ	te Zip Code 07871		Amount of Each Disbursement this Period				
	Purpose of Disbursement TV Video production		004	3588.00 Transaction ID : SB17.4253				
	Candidate Name Office Sought: House Disbursemer	nt For: 2014	Category/ Type					
	Senate Pri President Ot	mary General her (specify)						
_	State: District: Full Name (Last, First, Middle Initial)							
В.	Mountaintop Media			Date of Disbursement				
	Mailing Address POB 578		03 11 2014					
	City Star Sparta NJ Purpose of Disbursement	'		Amount of Each Disbursement this Period				
	Printing - fundraising mailer Candidate Name	003	Transaction ID : SB17.4254					
			Category/ Type					
	Senate Pri	nt For: 2014 imary General her (specify)						
	State: District:							
C.	Full Name (Last, First, Middle Initial) Mountaintop Media			Date of Disbursement				
	Mailing Address POB 578		03 / D D / Y Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z Z					
	City State		Amount of Each Disbursement this Period					
	Sparta NJ Purpose of Disbursement		2825.00					
	Video production							
	Candidate Name		Category/ Type	Transaction ID : SB17.4289				
	Senate Pri	nt For: 2014 imary General her (specify)						
	State: District:							

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

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS			FOR LINE NUMBER: PAGE 43 OF 59 (check only one) 19a 19b 20a 20b 20c 21
	ny information copied from such Reports and Statements for commercial purposes, other than using the name an			
	NAME OF COMMITTEE (In Full) Howie Lind for Congress			
Α.	Full Name (Last, First, Middle Initial) Mountaintop Media			Date of Disbursement
	Mailing Address POB 578			03 21 2014
	City State Sparta NJ	Zip Code 07871		Amount of Each Disbursement this Period
	Purpose of Disbursement Radio advertising		004	3821.00 Transaction ID : SB17.4290
	Candidate Name		Category/ Type	11411040510111210
	Office Sought: House Disbursement F			
_	State: District: Full Name (Last, First, Middle Initial)			
В.	Mailing Address POB 578			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Sparta NJ	07871		
	Purpose of Disbursement Radio/TV Advertising	004	12261.56 Transaction ID : SB17.4342	
	Candidate Name		Category/ Type	
	Office Sought: House Senate President Disbursement F Prima Other			
	State: District:			
C.	Full Name (Last, First, Middle Initial) Edward Newland			Date of Disbursement
	Mailing Address 3102 Cameron Mills Rd			03
	City State Alexandria VA		Amount of Each Disbursement this Period	
	Alexandria VA 22302 Purpose of Disbursement Consultant fee - Field Director			500.50
	Candidate Name	Category/ Type	Transaction ID : SB17.4251	
	Office Sought: House Disbursement F	-		
	State: District:			
				16583.06

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

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use separate so for each categor Detailed Summa	hedule(s) (ry of the	PAGE 44 OF 59 (check only one) X 17
					erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTE Howie Lind fo	EE (In Full)	· ·		
Α.	Full Name (Last, First Nova Digital Formal Mailing Address 970)	ilms			Date of Disbursement 03 17 2014
	City Manassas	Sta VA	•		Amount of Each Disbursement this Period
	Purpose of Disburse Video production	ment	20.00	004	550.00 Transaction ID : SB17.4271
	Candidate Name Office Sought:	House Disburseme	nt For: 2014	Category/ Type	
		Senate X Pr	rimary General ther (specify)		
	State: Di	strict:			
В.	Office Denot				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Reston	Sta V/			Amount of Each Disbursement this Period
	Purpose of Disburse Office supplies Candidate Name	ment		001 Category/	166.14 Transaction ID : SB17.4349
				Type	[MEMO ITEM]
	Office Sought:	Senate Pr	nt For: 2014 rimary General ther (specify)		
_	Full Name (Last, First				
C.	Office Depot				Date of Disbursement
	Mailing Address 118		03 24 2014		
	City State Zip Code Reston VA 20191				Amount of Each Disbursement this Period 23.87
	Purpose of Disbursement Office supplies Candidate Name			001 Category/	Transaction ID : SB17.4293
	Office Sought: State: Di	Senate Pr	nt For: 2014 rimary General ther (specify)	Туре	

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

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

1mage# 14960908076 PAGE 45 / 59

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SB17 Transaction ID: SB17.4349

memo item to detail reimbursement of \$2379.10 for office supplies to Election Impact Group

	J								
SCHEDULE B (FEC Form 3)			3)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 46 OF 59 (check only one)			
IT	EMIZED DI	SBURSEMEN1	rs	for each category Detailed Summar	of the	X 17			
						20a 20b 20c 21			
						erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMM	MITTEE (In Full)							
$ \rangle$	Howie Lind	for Congress							
	Full Name (Last,	First, Middle Initial)							
A.	Office Depo	ot				Date of Disbursement			
	Mailing Address	11816 Spectrum Cent	ter			03 24 2014			
	City		State	Zip Code		Amount of Each Disbursement this Period			
	Reston		VA	20191		3.70			
	Purpose of Disbu Office supplies	ursement			001	Transaction ID : SB17.4294			
	Candidate Name				Category/	Transaction iD . 3517.4234			
	Office Sought:	Henre	Disbursement For	. 2014	Туре				
	Office Sought:	House Senate	Primary	General					
		President	Other (s						
	State:	District:	,	. ,,					
	Full Name (Last,	First, Middle Initial)							
В.	Office Depot					Date of Disbursement			
						M M / D D / Y Y Y			
	Mailing Address 11816 Spectrum Center					03 25 2014			
	City		State	Zip Code		Amount of Each Disbursement this Period			
	Reston		VA	20191		50.04			
	Purpose of Disbu Office supplies	ursement			001	52.21			
	Candidate Name					Transaction ID : SB17.4300			
	Canadate Name				Category/ Type				
	Office Sought:	House	Disbursement For		71				
		Senate	Primary	General					
		President	Other (s	pecify)					
	State:	District:							
	,	First, Middle Initial)							
C.	Craig Ornde	orff				Date of Disbursement			
	Mailing Address 467 Toll House Rd				03 07 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City State Zip Code					Amount of Each Disbursement this Period			
	Maurertown VA 22644					Amount of Each Disbursement this Period			
	Purpose of Disbursement					1500.00			
	Consultant - field director			001	Transaction ID : SB17.4229				
	Candidate Name				Category/ Type	Transaction is . OSTTF223			
	Office Sought: Disbursement For: 2014								
		Senate	Primary	General					
	State:	President District:	Other (s	ресіту)					
	Giaic.	DISTRICT.							

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SC	CHEDULE B (FEC Form 3)	Use separate scl		OR LINE NUMBER: PAGE 47 OF 59
	EMIZED DISBURSEMENTS	for each categor	y of the	check only one) X 17 18 19a 19b
		Detailed Summar	y Page	20a 20b 20c 21
	ly information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
	Howie Lind for Congress			
	Full Name (Last, First, Middle Initial)			Polo of Pickon and
A.	Craig Orndorff			Date of Disbursement
	Mailing Address 467 Toll House Rd			03 18 2014
	City Sta	ate Zip Code		Amount of Each Disbursement this Period
	Maurertown VA	22644		700.22
	Purpose of Disbursement Travel expense - mileage		002	708.23
	Candidate Name		Category/	Transaction ID : SB17.4275
			Type	
		ent For: 2014		
		rimary General ther (specify)		
	State: District:	trier (specify)		
	Full Name (Last, First, Middle Initial)			
В.	Craig Orndorff	Date of Disbursement		
	Mailing Addysos		M M / D D / Y Y Y Y	
	Mailing Address 467 Toll House Rd			03 21 2014
	•	ate Zip Code		Amount of Each Disbursement this Period
	Maurertown V Purpose of Disbursement	A 22644		1500.00
	Consultant fee - Field Director		001	
	Candidate Name		Category/	Transaction ID : SB17.4282
	Office Sought: House Disburseme	ent For: 2014	Type	-
		rimary General		
		ther (specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Craig Orndorff			Date of Disbursement
	Mailing Address 467 Toll House Rd			03 / D D / Y Y Y Y Y Z 2014
	City State	Zip Code		Assessed of Foods Birth assessed this Borisal
	Maurertown VA		Amount of Each Disbursement this Period	
	Purpose of Disbursement	002	375.08	
	Reimburse travel expense - mileage			Transaction ID : SB17.4287
	Candidate Name	Category/ Type		
		ent For: 2014		
		rimary General ther (specify)		
	State: District:	(-1		

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

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

1mage# 14960908079 PAGE 48 / 59

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SB17 Transaction ID: SB17.4275

reimbursement for mileage at \$0.56/mi

Form/Schedule: SB17 Transaction ID: SB17.4287

reimbursement of travel expense for mileage at \$0.56/mi

IT	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS y information copied from such Reports and Statements me for commercial purposes, other than using the name and a		nedule(s) y of the y Page used by any p	
Si Gi	NAME OF COMMITTEE (In Full) Howie Lind for Congress	address of any poil	iicai committe	e to solicit communicies from such communee.
Α.	Full Name (Last, First, Middle Initial) Craig Orndorff			Date of Disbursement
	Mailing Address 467 Toll House Rd City State	Zip Code		Amount of Each Disbursement this Period
	Maurertown VA	22644		Attiount of Each Biobardonicit tille I dilea
	Purpose of Disbursement Travel Expenses - mileage		002	66.14 Transaction ID : SB17.4332
	Candidate Name	2014	Category/ Type	
	Office Sought: House Senate President Disbursement For Primary Other (s	General		
_	State: District: Full Name (Last, First, Middle Initial)			_
В.	Cynthia Schmit Mailing Address 1940 Taylor Dr #3			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Winchester VA	22601		
	Purpose of Disbursement Volunteer Coordinator fee		001	750.00 Transaction ID : SB17.4307
	Candidate Name		Category/ Type	
	Office Sought: House Senate President Disbursement For Primary Other (s	General		
	State: District:			
C.	Full Name (Last, First, Middle Initial) Cynthia Schmit			Date of Disbursement
	Mailing Address 1940 Taylor Dr #3			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zi	ip Code		Amount of Each Disbursement this Period
	Winchester VA 2	22601		
	Purpose of Disbursement Travel expense- mileage reimbursement		002	91.11 Transaction ID : SB17.4309
	Candidate Name		Category/ Type	
	Office Sought: House Senate President Disbursement For Primary Other (s	General		
	State: District:			

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

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

1mage# 14960908081 PAGE 50 / 59

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SB17 Transaction ID: SB17.4332

reimbursement of travel expense for mileage at \$0.56/mi

	J							
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			-	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 51 OF 59 (check only one) X 17		
						person for the purpose of soliciting contributions are to solicit contributions from such committee.		
	NAME OF COMM Howie Lind	IITTEE (In Full) for Congress						
Α.	Cynthia Sch					Date of Disbursement		
	Mailing Address	1940 Taylor Dr #3				04 01 2014		
	City Winchester		State VA	Zip Code 22601		Amount of Each Disbursement this Period		
	Purpose of Disbu Travel expense -	rsement mileage reimburseme	nt		002	65.05 Transaction ID : SB17.4333		
	Candidate Name				Category/ Type			
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General				
_	State:	District:						
В.	Full Name (Last, First, Middle Initial) Cynthia Schmit Mailing Address 1940 Taylor Dr #3					Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Winchester		State VA	Zip Code 22601		Amount of Each Disbursement this Period		
	Purpose of Disbursement Consultant fee - Volunteer Coordinator				001	500.00 Transaction ID : SB17.4334		
	Candidate Name				Category/ Type	11d115dCtiOi1 ID . 3D17.4334		
	Office Sought:	House Senate President District:	Disbursement For Primary Other (s	General				
_		First, Middle Initial)						
C.	Staples	mot, madie milaly				Date of Disbursement		
	Mailing Address 11620 Plaza America Dr,					03 12 7 7 7 7 7		
	City State Zip Code					Amount of Each Disbursement this Period		
	Reston VA 20190 Purpose of Disbursement Office supplies				004	110.65		
	Office supplies Candidate Name			001 Category/	Transaction ID : SB17.4350			
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General	Type	[MEMO ITEM]		
	State:	District:						

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

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

1mage# 14960908083 PAGE 52 / 59

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SB17 Transaction ID: SB17.4350

memo item to detail reimbursement of \$2379.10 for office supplies to Election Impact Group

SCHEDULE B (FEC Form 3)

	FOR LINE	NUMBE	R:		PA	GE	53	OF	59
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 17 18						19a		19b
zetanea earrinary r age		20a		20b			20c		21
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.									

ITEMIZED DISBURSEMENTS	for each category Detailed Summar		X 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Howie Lind for Congress			
Full Name (Last, First, Middle Initial) A. US Postal Service Mailing Address 8409 Lee Hwy			Date of Disbursement O3 12 2014
		001 Category/ Type	Amount of Each Disbursement this Period 44.94 Transaction ID : SB17.4351 [MEMO ITEM]
State: District: Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 8409 Lee Hwy City State Merrifeld VA Purpose of Disbursement Postage Candidate Name Office Sought: House Disbursement Fo		001 Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Y 2014 Amount of Each Disbursement this Period 245.00 Transaction ID: SB17.4295
	(specify)		Date of Disbursement
Mailing Address 45415 Dulles Crossing Plaza			Date of Dispursement M M / D D / Y Y Y Y Y Y Y Y Y
Sterling VA Purpose of Disbursement Memo item to support payment to Election Impact Group Candidate Name Office Sought: House Disbursement Formula Senate Primary		001 Category/ Type	Amount of Each Disbursement this Period 370.34 Transaction ID : SB17.4344 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)			245.00
TOTAL This Period (last page this line number only)			

1mage# 14960908085 PAGE 54 / 59

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: SB17 Transaction ID: SB17.4351

memo item to detail reimbursement of \$2379.10 to Election Impact Group

Form/Schedule: SB17 Transaction ID: SB17.4344

memo item to detail reimbursement of \$2379.10 for office supplies to Election Impact Group

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate scl		FOR LINE NUMBER: PAGE 55 OF 59 (check only one)
TEMPED BIOSOTIOEMENTO	Detailed Summa	ry Page	20a 20b 20c 21
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a NAME OF COMMITTEE (In Full) Howie Lind for Congress			
/			
Full Name (Last, First, Middle Initial) A. Westin Hotel			Date of Disbursement
Mailing Address 11750 Sunrise Valley Dr			03 12 2014
City State			Amount of Each Disbursement this Period
Reston VA Purpose of Disbursement	20191		99.68
Lodging expense		002	
Candidate Name		Category/ Type	Transaction ID : SB17.4352 [MEMO ITEM]
Office Sought: House Senate President Disbursement Othe		71.	[MEMOTIEM]
State: District:			
Full Name (Last, First, Middle Initial) Westin Hotel Mailing Address 11750 Sunrise Valley Dr			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State			Amount of Each Disbursement this Period
Reston VA Purpose of Disbursement Lodging	20191	002	88.48
Candidate Name		Category/ Type	Transaction ID : SB17.4270
Office Sought: House Disbursement			
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y
City State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement			
Candidate Name		Category/ Type	
Office Sought: House Disbursement Senate Prim President Othe			
State: District:			

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

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

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1mage# 14960908087 PAGE 56 / 59

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SB17 Transaction ID: SB17.4352

memo item to detail reimbursement of \$2379.10 to Election Impact Group

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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_	1
X	13a
	13h

59

Detailed Summary Page Transaction ID: SC/10.4169 NAME OF COMMITTEE (In Full) Howie Lind for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary **Howard Rhodes Lind** General Mailing Address Other (specify) 1313 Rockland Terrace City State ZIP Code VA 22101 Mclean Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 75000.00 0.00 75000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M ^D12 ž014 0.00 5/31/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 75000.00 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.

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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×	13a
	13h

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Detailed Summary Page Transaction ID: SC/10.4171 NAME OF COMMITTEE (In Full) Howie Lind for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary **Howard Rhodes Lind** General Mailing Address Other (specify) 1313 Rockland Terrace City State ZIP Code VA 22101 Mclean Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 03^M 06 ž014 0.00 5/31/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 20000.00 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.

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

59

×	13a
	13b

59

Detailed Summary Page Transaction ID: SC/10.4172 NAME OF COMMITTEE (In Full) Howie Lind for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary **Howard Rhodes Lind** General Mailing Address Other (specify) \blacktriangledown 1313 Rockland Terrace City State ZIP Code VA 22101 Mclean Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D25 ^M 03^M ž014 0.00 5/31/2014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) 120000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.