

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 878  
 Check if different than previously reported. (ACC) Mclean VA 22101

2. **FEC IDENTIFICATION NUMBER** C C00557983 CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) VA 10

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 04 / 26 / 2014 in the State of VA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period 01 / 01 / 2014 through 04 / 06 / 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 Michael Rumberg  
Signature of Treasurer Michael Rumberg [Electronically Filed] Date 05 / 16 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Howie Lind for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	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. Cash on Hand at Close of Reporting Period (from Line 27).....	8912.27	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Howie Lind for Congress**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	16590.00	16590.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. 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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	62.54	62.54
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	136652.54	136652.54

**DETAILED SUMMARY PAGE**  
of Disbursements

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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	127740.27	127740.27

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING 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 Line 22).....	127740.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8912.27

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 59
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

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

Mailing Address 2381 Gard Ave

City State Zip Code  
Early IN 50535

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : SA11AI.4166**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 3609 1st Road S

City State Zip Code  
Arlington VA 22204

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.4321**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 13817 Ashvale Dr

City State Zip Code  
Fairfax VA 22033

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

Name of Employer Occupation  
Techcorps, Inc Real Estate Appraiser

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2014

**Transaction ID : SA11AI.4203**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 59
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

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

Mailing Address 14529 Creek Branch Ct

City State Zip Code  
Centreville VA 20120

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

Name of Employer Occupation  
Mitre Corp Systems Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2014

**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 4616 Sutton Oaks Dr

City State Zip Code  
Chantilly VA 20151

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

Name of Employer Occupation  
Schneider Electric Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2014

**Transaction ID : SA11AI.4141**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 43279 Warwick hills Ct

City State Zip Code  
Leesburg VA 20176

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2014

**Transaction ID : SA11AI.4133**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 59
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

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

Mailing Address 7121 Darby Rd

City: Bethesda State: MD Zip Code: 20817

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 26 / 2014

**Transaction ID : SA11AI.4214**

Amount of Each Receipt this Period: 500.00

Contribution

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

Mailing Address 9513 Veirs Drive Unit #1

City: Rockville State: MD Zip Code: 20850

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 02 / 18 / 2014

**Transaction ID : SA11AI.4158**

Amount of Each Receipt this Period: 2600.00

Contribution

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

Mailing Address 9513 Veirs Drive Unit #1

City: Rockville State: MD Zip Code: 20850

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 02 / 18 / 2014

**Transaction ID : SA11AI.4160**

Amount of Each Receipt this Period: 2600.00

Contribution

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

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

5700.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 59
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

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

Mailing Address Suffield Village

City Suffield State CT Zip Code 06078

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

Name of Employer Attorney Occupation McAnaney & McAnaney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : SA11AI.4125**

Amount of Each Receipt this Period  
 500.00

Contribution

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

Mailing Address 6413 Divine St

City Mclean State VA Zip Code 22101

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

Name of Employer World Bank Occupation Senior Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.4147**

Amount of Each Receipt this Period  
 500.00

Contribution

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

Mailing Address PO Box 616

City Lewes State DE Zip Code 19958

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

Name of Employer US Postal Service Occupation Treasurer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.4161**

Amount of Each Receipt this Period  
 2600.00

Contribution

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 59
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

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

Mailing Address **PO Box 616**

City **Lewes** State **DE** Zip Code **19958**

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

Name of Employer **US Postal Service** Occupation **Treasurer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11AI.4163**

Amount of Each Receipt this Period  
**2600.00**

Contribution

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

Mailing Address **6605 Madison Mclean Dr**

City **Mclean** State **VA** Zip Code **22101**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : SA11AI.4149**

Amount of Each Receipt this Period  
**1000.00**

Contribution

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

Mailing Address **107 Proclamation Dr**

City **Winchester** State **VA** Zip Code **22603**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : SA11AI.4119**

Amount of Each Receipt this Period  
**250.00**

Contribution

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

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

**3850.00**

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

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

FOR LINE NUMBER: PAGE 11 OF 59  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

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

Mailing Address 107 Proclamation Dr

City Winchester State VA Zip Code 22603

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11Al.4155**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

250.00

14900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 59
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

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

Mailing Address 1313 Rockland Terrace

City Mclean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C H4VA10121**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
75000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : SA13A.4169**

Amount of Each Receipt this Period  
75000.00

Loan from Candidate

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

Mailing Address 1313 Rockland Terrace

City Mclean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C H4VA10121**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
95000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : SA13A.4171**

Amount of Each Receipt this Period  
20000.00

Loan from Candidate

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

Mailing Address 1313 Rockland Terrace

City Mclean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C H4VA10121**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
120000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA13A.4172**

Amount of Each Receipt this Period  
25000.00

Loan from Candidate

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

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

120000.00

120000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 59			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. 10TH DISTRICT REPUBLICAN CONGRESSIONAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address PO BOX 650552		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.4188</b>
City POTOMAC FALLS State VA Zip Code 20165	Purpose of Disbursement Candidate Filing Fee 008 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Barchetta Enterprises, LC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 7138 Little River TP # 210		Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : SB17.4285</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Acctg & Compliance Services 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Barchetta Enterprises, LC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 7138 Little River TP # 210		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4328</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Accounting & Compliance 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 59	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Barchetta Enterprises, LC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 7138 Little River TP # 210		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.4329</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Compliance & Accounting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1861 Fountain Drive		Amount of Each Disbursement this Period 53.50 <b>Transaction ID : SB17.4347</b> <b>[MEMO ITEM]</b>
City Reston State VA Zip Code 20190	Purpose of Disbursement Office supplies 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dell Computers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1 Dell Way		Amount of Each Disbursement this Period 676.26 <b>Transaction ID : SB17.4250</b>
City Round Rock State TX Zip Code 78682	Purpose of Disbursement Office Equipment 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1376.26
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4347

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 59	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dell Computers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1 Dell Way		Amount of Each Disbursement this Period 233.19 <b>Transaction ID : SB17.4255</b>
City Round Rock State TX Zip Code 78682	Purpose of Disbursement Office equipment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dell Computers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1 Dell Way		Amount of Each Disbursement this Period 179.14 <b>Transaction ID : SB17.4264</b>
City Round Rock State TX Zip Code 78682	Purpose of Disbursement Office equipment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4190</b>
City Gulfport State MS Zip Code 39057	Purpose of Disbursement Campaign Mgmt Consulting fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1912.33
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 59			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 443.58 <b>Transaction ID : SB17.4192</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Reimburse Travel expense - mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1117.19 <b>Transaction ID : SB17.4193</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Printing - stickers	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 301.17 <b>Transaction ID : SB17.4194</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1861.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 59			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4223</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Consulting fee - Campaign Management	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 2560.00 <b>Transaction ID : SB17.4225</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Printing Expense, letterhead, envelopes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1185.91 <b>Transaction ID : SB17.4226</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5245.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 59			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 2379.10 <b>Transaction ID : SB17.4263</b>
City Gulfport	State MS Zip Code 39057	
Purpose of Disbursement Consulting fee - Campaign Mgmt, reimburse office supplies & postage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1600.00 <b>Transaction ID : SB17.4288</b>
City Gulfport	State MS Zip Code 39057	
Purpose of Disbursement Campaign Management Consultant fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4310</b>
City Gulfport	State MS Zip Code 39057	
Purpose of Disbursement Campaign Management Consulting fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5479.10
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 59			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4335</b>
City Gulfport	State MS Zip Code 39057	
Purpose of Disbursement Campaign Management Consultant fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 97.00 <b>Transaction ID : SB17.4336</b>
City Gulfport	State MS Zip Code 39057	
Purpose of Disbursement Reimburse Fedex fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Fairfax Yellow Cab</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 3251 Washington Blvd		Amount of Each Disbursement this Period 33.85 <b>Transaction ID : SB17.4346</b> <b>[MEMO ITEM]</b>
City Arlington	State VA Zip Code 22201	
Purpose of Disbursement Taxi fare	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1597.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4346

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 59		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4178</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Policy Consultant fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4186</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Policy Consultant fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4216</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Policy Consultant fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4178

Policy Consultant fee

Form/Schedule: SB17

Transaction ID: SB17.4186

Policy Consultant fee



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4216

Policy Consultant fee

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 59			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4273</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Consultant fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4277</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Consultant fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4278</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Consultant fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4273

Policy Consultant fee

Form/Schedule: SB17

Transaction ID: SB17.4277

Policy Consultant fee

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4278

Policy Consultant fee

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 59	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4305</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Consultant fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Gretchen Hahn</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 11033 Thrush Ridge Rd		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.4262</b>
City Reston State VA Zip Code 20191	Purpose of Disbursement Consultant fee - Fundraising/Office Administration Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Gretchen Hahn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 11033 Thrush Ridge Rd		Amount of Each Disbursement this Period 487.50 <b>Transaction ID : SB17.4337</b>
City Reston State VA Zip Code 20191	Purpose of Disbursement Consultant fee - fundraising/office administration Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1687.50
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4305

Policy Consultant fee

Form/Schedule: SB17

Transaction ID: SB17.4262

Amended to clarify purpose of consultant fee

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4337

amended to indicate purpose of consultant fee

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 59		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Phillip Hamilton</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 147 Yorktown Dr		Amount of Each Disbursement this Period 1060.53 <b>Transaction ID : SB17.4235</b>
City Ruther Glen State VA Zip Code 22546	Purpose of Disbursement Consultant fee - Field Director, reimburse travel expense - mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:	
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Phillip Hamilton</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 147 Yorktown Dr		Amount of Each Disbursement this Period 1666.21 <b>Transaction ID : SB17.4291</b>
City Ruther Glen State VA Zip Code 22546	Purpose of Disbursement Consulting fee - Field Director; reimburse mileage expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:	
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>c. Phillip Hamilton</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 147 Yorktown Dr		Amount of Each Disbursement this Period 887.02 <b>Transaction ID : SB17.4343</b>
City Ruther Glen State VA Zip Code 22546	Purpose of Disbursement Consultant fee, Field Director & travel expense - mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:	
Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3613.76
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4343

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 59			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charles Kettner</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address POB 68448		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4196</b>
City Virginia Beach	State VA	
Zip Code 23471	Purpose of Disbursement Public Relations Consulting fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Howard Rhodes Lind</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 1313 Rockland Terrace		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.4173</b>
City Mclean	State VA	
Zip Code 22101	Purpose of Disbursement Reimburse Reston GOP Dinner Registration	Category/ Type 011
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 10	

Full Name (Last, First, Middle Initial) <b>c. Howard Rhodes Lind</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 1313 Rockland Terrace		Amount of Each Disbursement this Period 6000.00 <b>Transaction ID : SB17.4174</b>
City Mclean	State VA	
Zip Code 22101	Purpose of Disbursement Reimburse Campaign Manager Retainer Fee; Election Impact Group	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 10	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8650.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 59			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Howard Rhodes Lind</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 1313 Rockland Terrace		Amount of Each Disbursement this Period 1318.50 <b>Transaction ID : SB17.4175</b>
City Mclean State VA Zip Code 22101	Purpose of Disbursement Reimburse Campaign Manager travel expense Candidate Name Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Howard Rhodes Lind</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 1313 Rockland Terrace		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4176</b>
City Mclean State VA Zip Code 22101	Purpose of Disbursement Reimburse Field Director Retainer (Orndorff) Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Howard Rhodes Lind</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 1313 Rockland Terrace		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4177</b>
City Mclean State VA Zip Code 22101	Purpose of Disbursement Reimburse Frederick County GOP Dinner registration Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4568.50
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4177

Registration for County Party Committee dinner: 12 Feb 2014; Frederick County Republican Cmte, P.O. Box 1688, Winchester, Virginia 22604

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 59	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lind for Senate</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address POB 878		Amount of Each Disbursement this Period 10627.50 <b>Transaction ID : SB17.4340</b>
City Mclean	State VA	
Zip Code 22101	Purpose of Disbursement Office Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District:	

Full Name (Last, First, Middle Initial) <b>B. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 6762.87 <b>Transaction ID : SB17.4181</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement inv 7973 stationery, envelopes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 812.50 <b>Transaction ID : SB17.4184</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Printing - palm cards	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18202.87
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 59		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 561.39 <b>Transaction ID : SB17.4185</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Reimburse Travel Expense	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 11.15 <b>Transaction ID : SB17.4195</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Radio Advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 14063.76 <b>Transaction ID : SB17.4220</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Postage for mailer	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14636.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 59		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 3588.00 <b>Transaction ID : SB17.4253</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement TV Video production	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 12471.90 <b>Transaction ID : SB17.4254</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Printing - fundraising mailer	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 2825.00 <b>Transaction ID : SB17.4289</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Video production	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18884.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 59	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 3821.00 <b>Transaction ID : SB17.4290</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Radio advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 12261.56 <b>Transaction ID : SB17.4342</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Radio/TV Advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Edward Newland</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 3102 Cameron Mills Rd		Amount of Each Disbursement this Period 500.50 <b>Transaction ID : SB17.4251</b>
City Alexandria	State VA	
Zip Code 22302	Purpose of Disbursement Consultant fee - Field Director	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16583.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 59			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nova Digital Films</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 9702 Dublin Dr		Amount of Each Disbursement this Period 550.00
City Manassas	State VA Zip Code 20109	
Purpose of Disbursement Video production	Candidate Name	Transaction ID : SB17.4271
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 004	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 11816 Spectrum Center		Amount of Each Disbursement this Period 166.14
City Reston	State VA Zip Code 20191	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : SB17.4349
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 11816 Spectrum Center		Amount of Each Disbursement this Period 23.87
City Reston	State VA Zip Code 20191	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : SB17.4293
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	573.87
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4349

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 59	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 11816 Spectrum Center		Amount of Each Disbursement this Period 3.70
City Reston	State VA Zip Code 20191	
Purpose of Disbursement Office supplies	Category/Type 001	<b>Transaction ID : SB17.4294</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 11816 Spectrum Center		Amount of Each Disbursement this Period 52.21
City Reston	State VA Zip Code 20191	
Purpose of Disbursement Office supplies	Category/Type 001	<b>Transaction ID : SB17.4300</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Craig Orndorff</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 467 Toll House Rd		Amount of Each Disbursement this Period 1500.00
City Maurertown	State VA Zip Code 22644	
Purpose of Disbursement Consultant - field director	Category/Type 001	<b>Transaction ID : SB17.4229</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1555.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 59			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Craig Orndorff</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 467 Toll House Rd		Amount of Each Disbursement this Period 708.23
City Maurertown State VA Zip Code 22644	Purpose of Disbursement Travel expense - mileage	
Candidate Name	Category/Type 002	Transaction ID : SB17.4275
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Craig Orndorff</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 467 Toll House Rd		Amount of Each Disbursement this Period 1500.00
City Maurertown State VA Zip Code 22644	Purpose of Disbursement Consultant fee - Field Director	
Candidate Name	Category/Type 001	Transaction ID : SB17.4282
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Craig Orndorff</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 467 Toll House Rd		Amount of Each Disbursement this Period 375.08
City Maurertown State VA Zip Code 22644	Purpose of Disbursement Reimburse travel expense - mileage	
Candidate Name	Category/Type 002	Transaction ID : SB17.4287
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2583.31
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 59	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Craig Orndorff</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 467 Toll House Rd		Amount of Each Disbursement this Period 66.14 <b>Transaction ID : SB17.4332</b>
City Maurertown State VA Zip Code 22644	Purpose of Disbursement Travel Expenses - mileage Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Cynthia Schmit</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1940 Taylor Dr #3		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4307</b>
City Winchester State VA Zip Code 22601	Purpose of Disbursement Volunteer Coordinator fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Cynthia Schmit</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1940 Taylor Dr #3		Amount of Each Disbursement this Period 91.11 <b>Transaction ID : SB17.4309</b>
City Winchester State VA Zip Code 22601	Purpose of Disbursement Travel expense- mileage reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	907.25
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4332

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 59			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cynthia Schmit</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1940 Taylor Dr #3		Amount of Each Disbursement this Period 65.05
City Winchester	State VA Zip Code 22601	
Purpose of Disbursement Travel expense - mileage reimbursement	Category/Type 002	<b>Transaction ID : SB17.4333</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cynthia Schmit</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1940 Taylor Dr #3		Amount of Each Disbursement this Period 500.00
City Winchester	State VA Zip Code 22601	
Purpose of Disbursement Consultant fee - Volunteer Coordinator	Category/Type 001	<b>Transaction ID : SB17.4334</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 11620 Plaza America Dr,		Amount of Each Disbursement this Period 110.65
City Reston	State VA Zip Code 20190	
Purpose of Disbursement Office supplies	Category/Type 001	<b>Transaction ID : SB17.4350</b> <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	565.05
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4350

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 59			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 8409 Lee Hwy		Amount of Each Disbursement this Period 44.94
City Merrifeld	State VA	
Zip Code 22081	Purpose of Disbursement Postage	Transaction ID : SB17.4351
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 8409 Lee Hwy		Amount of Each Disbursement this Period 245.00
City Merrifeld	State VA	
Zip Code 22081	Purpose of Disbursement Postage	Transaction ID : SB17.4295
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 45415 Dulles Crossing Plaza		Amount of Each Disbursement this Period 370.34
City Sterling	State VA	
Zip Code 20166	Purpose of Disbursement Memo item to support payment to Election Impact Group	Transaction ID : SB17.4344
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	245.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 59	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Westin Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 11750 Sunrise Valley Dr		Amount of Each Disbursement this Period 99.68
City Reston	State VA	
Zip Code 20191	Purpose of Disbursement Lodging expense	Transaction ID : SB17.4352
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Westin Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 11750 Sunrise Valley Dr		Amount of Each Disbursement this Period 88.48
City Reston	State VA	
Zip Code 20191	Purpose of Disbursement Lodging	Transaction ID : SB17.4270
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	88.48
<b>TOTAL</b> This Period (last page this line number only).....	125518.30

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4352

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

Form/Schedule:

Transaction ID:



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

NAME OF COMMITTEE (In Full) **Howie Lind for Congress** Transaction ID : **SC/10.4169**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Howard Rhodes Lind**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 1313 Rockland Terrace  
 City State ZIP Code  
 Mclean VA 22101

Original Amount of Loan 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 02 / D 12 / Y 2014	Date Due M / D / Y 5/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	---------------------------------	-------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	75000.00
<b>TOTALS</b> 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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Transaction ID : **SC/10.4171**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Howard Rhodes Lind**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1313 Rockland Terrace

City State ZIP Code  
Mclean VA 22101

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

**TERMS**

Date Incurred: M 03 / D 06 / Y 2014  
 Date Due: M / D / Y 5/31/2014  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	20000.00
<b>TOTALS</b> 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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Transaction ID : **SC/10.4172**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Howard Rhodes Lind**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1313 Rockland Terrace

City State ZIP Code  
Mclean VA 22101

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M 03 / D 25 / Y 2014  
Date Due: M / D / Y 5/31/2014  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	25000.00
<b>TOTALS</b> 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.