

# 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

Euille for Congress

ADDRESS (number and street)

P.O. Box 25048

Check if different than previously reported. (ACC)

Alexandria

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

C C00556167

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

VA

08

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Lynnwood Campbell

Signature of Treasurer Lynnwood Campbell

[Electronically Filed]

Date

/  /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Euille 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))....	1317.10	399836.31
(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)).....	1317.10	399836.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	11255.41	394240.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	308.48	308.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	10946.93	393931.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5904.51	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Euille for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	750.00	362118.00
(ii) Unitemized .....	567.10	34568.31
(iii) TOTAL of contributions from individuals .....	1317.10	396686.31
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2650.00
(d) The Candidate .....	0.00	500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1317.10	399836.31
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	308.48	308.48
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	1625.58	400144.79

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11255.41	394240.28
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) ▶	11255.41	394240.28

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15534.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1625.58
25. SUBTOTAL (add Line 23 and Line 24).....	17159.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11255.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5904.51

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

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

FOR LINE NUMBER: PAGE 5 OF 12  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

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

Mailing Address 7 Landslide Ct

City Palmyra State VA Zip Code 22963-2431

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : VNJ3XD9KQC8**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 409 E Alexandria Ave

City Alexandria State VA Zip Code 22301-1608

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : VNJ3XD9KPT7**

Amount of Each Receipt this Period  
 500.00

**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).....

750.00

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

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>Paychex</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 14 / 2014
Mailing Address 501 Wampanoag Trl		<b>Transaction ID : VNJ3XD9KQ05</b>
City Riverside	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.48
Name of Employer	Occupation	Payroll Tax
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 208.48	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Payroll Tax
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Payroll Tax
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	208.48
<b>TOTAL</b> This Period (last page this line number only).....	208.48

**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 7 OF 12	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 1011.87
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Service Fees	
Candidate Name		Transaction ID : VNH4N9T4999
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	

Full Name (Last, First, Middle Initial) <b>B. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 158.21
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name		Transaction ID : VNH4N9WSCJ7
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	

Full Name (Last, First, Middle Initial) <b>C. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 0.83
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name		Transaction ID : VNH4N9WSCT0
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1170.91
<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 8 OF 12			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 70.00
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Online Apps	<b>Transaction ID : VNH4N9T4982</b>
Candidate Name	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>B. Google</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 70.00
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Online Apps	<b>Transaction ID : VNH4N9WSCH9</b>
Candidate Name	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. Google</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 39.02
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Online Apps	<b>Transaction ID : VNH4N9WSCS2</b>
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	179.02
<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 9 OF 12			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gumbinner &amp; Davies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 2001 S St NW Ste 301		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VNH4N9WSCE5</b>
City Washington State DC Zip Code 20009-1164	Purpose of Disbursement Printing	
Candidate Name	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>B. Gumbinner &amp; Davies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 2001 S St NW Ste 301		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VNH4N9WSCG1</b>
City Washington State DC Zip Code 20009-1164	Purpose of Disbursement Printing	
Candidate Name	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. Gumbinner &amp; Davies</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 2001 S St NW Ste 301		Amount of Each Disbursement this Period 790.15 <b>Transaction ID : VNH4N9WSCM3</b>
City Washington State DC Zip Code 20009-1164	Purpose of Disbursement Printing	
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2790.15
<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 10 OF 12			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gumbinner &amp; Davies</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2001 S St NW Ste 301		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20009-1164	Purpose of Disbursement Printing	Transaction ID : <b>VNH4N9WSCY0</b>
Candidate Name	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>B. Gumbinner &amp; Davies</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 2001 S St NW Ste 301		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20009-1164	Purpose of Disbursement Printing	Transaction ID : <b>VNH4N9WSCZ8</b>
Candidate Name	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. Lisa Helem</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 2501 9th Rd S Apt 281		Amount of Each Disbursement this Period 780.36
City Arlington	State VA	
Zip Code 22204-9710	Purpose of Disbursement Independent Writing Consultant	Transaction ID : <b>VNH4N9T46Q5</b>
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1780.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 12	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. LaRoya Huff</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 527 Oglethorpe St NE		Amount of Each Disbursement this Period 925.04 <b>Transaction ID : VNH4N9WSCN1</b>
City Washington State DC Zip Code 20011-1603	Purpose of Disbursement Campaign Consultant	
Candidate Name	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>B. Craig Kirby</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 1770 Kilbourne PI NW		Amount of Each Disbursement this Period 1885.00 <b>Transaction ID : VNH4N9WSCF3</b>
City Washington State DC Zip Code 20010-2606	Purpose of Disbursement Payroll	
Candidate Name	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. LRB Business Center</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 2121 Eisenhower Ave # S200		Amount of Each Disbursement this Period 1494.43 <b>Transaction ID : VNH4N9T46P7</b>
City Alexandria State VA Zip Code 22314-4698	Purpose of Disbursement Office Rent and Repairs	
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4304.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 12			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : VNH4N9WSCV8</b>
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Database	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. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 80.50 <b>Transaction ID : VNH4N9WSD06</b>
City Riverside	State RI Zip Code 02915-1507	
Purpose of Disbursement Payroll Service Fee	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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	980.50
<b>TOTAL</b> This Period (last page this line number only).....	11205.41