



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**BLAINE 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))....	134241.00	839264.27
(b) Total Contribution Refunds (from Line 20(d)) .....	2600.00	26700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	131641.00	812564.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	35489.19	246875.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	248.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	35489.19	246626.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	995612.11	
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

**BLAINE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	47766.00	293366.00
(ii) Unitemized.....	7413.00	15783.00
(iii) TOTAL of contributions from individuals ▶	55179.00	309149.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	79062.00	530115.27
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	134241.00	839264.27
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	10298.10
<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>	0.00	248.95
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	1685.80
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	134241.00	851497.12

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35489.19	246875.48
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 .....	2600.00	20700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2600.00	26700.00
21. OTHER DISBURSEMENTS .....	2000.00	81000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	40089.19	354575.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	901460.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	134241.00
25. SUBTOTAL (add Line 23 and Line 24).....	1035701.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40089.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	995612.11

**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 5 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 4772 Birch Cove Dr.

City State Zip Code  
Fulton MO 65251

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

Name of Employer Occupation  
Self Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.12715**

Amount of Each Receipt this Period  
300.00  
Contribution

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

Mailing Address 5 Warson Hills Ln.

City State Zip Code  
Ladue MO 63124

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

Name of Employer Occupation  
Hertz Global Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 22 / 2014

**Transaction ID : SA11AI.12927**

Amount of Each Receipt this Period  
500.00  
Contribution

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

Mailing Address 22284 Hwy 24

City State Zip Code  
Paris MO 65275

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

Name of Employer Occupation  
Paris National Bank CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2014

**Transaction ID : SA11AI.12946**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

1050.00

**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 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 16632 Benton Taylor Dr

City State Zip Code  
Chesterfield MO 63005

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

Name of Employer Occupation  
First St. Louis Securities Inc Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : SA11AI.12791**

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 16651 Hwy V

City State Zip Code  
Diamond MO 64840

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : SA11AI.13053**

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 1604 Lake Knoll Drive

City State Zip Code  
Lake Saint Louis MO 63367

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

Name of Employer Occupation  
Buckman Wire Cable Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1248.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2014

**Transaction ID : SA11AI.12660**

Amount of Each Receipt this Period  
248.00

Contribution

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

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

1748.00

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

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

FOR LINE NUMBER: PAGE 7 OF 69  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

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

Mailing Address 1604 Lake Knoll Drive

City State Zip Code  
Lake Saint Louis MO 63367

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

Name of Employer Occupation  
Buckman Wire Cable Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1748.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.12789**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 30 Old Governor Place

City State Zip Code  
St. Charles MO 63301

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

Name of Employer Occupation  
Patriot Machine Co-Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.12638**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address PO Box 338

City State Zip Code  
Lake Ozark MO 65049

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

Name of Employer Occupation  
Mo Wins Project Director

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  
 05 / 19 / 2014

**Transaction ID : SA11AI.12902**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1750.00

**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 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

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

Mailing Address 750 Bagnell Dam Blvd.  
Suite A

City State Zip Code  
Lake Ozark MO 65049

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

Name of Employer Occupation  
The Cisar Law Firm Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.12898**

Amount of Each Receipt this Period  
Contribution 250.00

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

Mailing Address 1007 W. Braddock Road

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
Capitol Counsel LLC Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2014

**Transaction ID : SA11AI.12607**

Amount of Each Receipt this Period  
Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph 'Rick' R Davis**

Mailing Address 838 Evergreen Drive

City State Zip Code  
Fulton MO 65251

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

Name of Employer Occupation  
Self Self-Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.12891**

Amount of Each Receipt this Period  
Contribution 1000.00

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

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

2250.00

**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 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

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

Mailing Address 10 Rio Vista Drive

City St. Charles State MO Zip Code 63303

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

Name of Employer Pio's Restaurant Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.12823**

Amount of Each Receipt this Period  
 500.00

In-kind - Food & Beverage

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

Mailing Address PO Box 6

City St. Elizabeth State MO Zip Code 65075

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

Name of Employer Self Occupation Accountant CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.12971**

Amount of Each Receipt this Period  
 2600.00

Contribution

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

Mailing Address PO Box 364

City Osage Beach State MO Zip Code 65065

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

Name of Employer John Farrell Real Estate Co. Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.12945**

Amount of Each Receipt this Period  
 500.00

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 69
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Harry Gallagher</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 706 Hobbs Road		<b>Transaction ID : SA11AI.12677</b>	
City Jefferson City	State MO	Zip Code 65109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 62.00	
Name of Employer Self, Gallagher & Associates	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1062.00		

Full Name (Last, First, Middle Initial) <b>B. Hallie Gibbs</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 617 S. Eagle Trace		<b>Transaction ID : SA11AI.12692</b>	
City Jefferson City	State MO	Zip Code 65109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 62.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 562.00		

Full Name (Last, First, Middle Initial) <b>C. Karl Glassman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 9732 Early Lane		<b>Transaction ID : SA11AI.12645</b>	
City Carthage	State MO	Zip Code 64836	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 62.00	
Name of Employer Leggett & Platt	Occupation Executive VP & COO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2662.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	186.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 502 Glen Road

City Lake Ozark State MO Zip Code 65049

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
312.00

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

**Transaction ID : SA11AI.12666**

Amount of Each Receipt this Period  
 62.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**William 'Buddy Clark Hardin, IV**

Mailing Address 3396 Cottonwood Drive

City St. Charles State MO Zip Code 63301

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

Name of Employer President Occupation MCNS, Inc.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.12925**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

Mailing Address 1470 E Meadowmere

City Springfield State MS Zip Code 65804

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

Name of Employer St John's Physician & Clinics Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
148.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.13022**

Amount of Each Receipt this Period  
 148.00  
 Reattribute: to James Hargis

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

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

1210.00

**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 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 1470 East Meadowmere

City Springfield State MO Zip Code 00000

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

Name of Employer Ozarks Coca-Cola Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.12734**

Amount of Each Receipt this Period  
 248.00

Contribution

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

Mailing Address 1470 East Meadowmere

City Springfield State MO Zip Code 00000

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

Name of Employer Ozarks Coca-Cola Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.13021**

Amount of Each Receipt this Period  
 -148.00

Reattribute: Contribution

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

Mailing Address 3605 Darice Lane

City Jefferson City State MO Zip Code 65109

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

Name of Employer Harness and Gallagher Occupation Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.12730**

Amount of Each Receipt this Period  
 248.00

Contribution

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

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

348.00

**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 13 OF 69
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Elaine Henderson</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 110 Woodlake Lane		<b>Transaction ID : SA11AI.12931</b>	
City Troy	State MO	Zip Code 63379	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00	
Name of Employer Silex School District	Occupation Education		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 250.00		

Full Name (Last, First, Middle Initial) <b>B. Jerry Hunter</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 245 Union Blvd Apt 902		<b>Transaction ID : SA11AI.12909</b>	
City St. Louis	State MO	Zip Code 65108	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00	
Name of Employer Attorney	Occupation Bryan Cave, LLP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Jackie Jackson</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address P.O. Box 224		<b>Transaction ID : SA11AI.12905</b>	
City St. Albans	State MO	Zip Code 63073	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 248.00	
Name of Employer Self Employed	Occupation Pilot		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 748.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	998.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 14 OF 69
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jackie Jackson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 224		<b>Transaction ID : SA11AI.13054</b>
City St. Albans	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Self Employed	Occupation Pilot	Contribution 1248.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Betty Jane Kampeter</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2014
Mailing Address 1309 Evergreen		<b>Transaction ID : SA11AI.12703</b>
City Jefferson City	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 620.00
Name of Employer NA	Occupation Homemaker	Contribution 620.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Mike Kampeter</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2014
Mailing Address 703 Turnberry Drive		<b>Transaction ID : SA11AI.12733</b>
City Jefferson City	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 124.00
Name of Employer Diamond Pet Food	Occupation President	Contribution 1124.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1244.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 69
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Dr. Joseph Kayser</b>		Date of Receipt MM / DD / YYYY 05 / 03 / 2014
Mailing Address 1011 Southwest Blvd		<b>Transaction ID : SA11AI.12655</b>
City Jefferson City	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.00
Name of Employer Self	Occupation Chiropractor	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 562.00	

Full Name (Last, First, Middle Initial) <b>Gordon Kinne</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2014
Mailing Address 1650 East Battlefield		<b>Transaction ID : SA11AI.12847</b>
City Springfield	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Med-Pay, Inc.	Occupation President	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2200.00	

Full Name (Last, First, Middle Initial) <b>Arthur Kniffen</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 13502 River Forest Pl		<b>Transaction ID : SA11AI.13044</b>
City St. Louis	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer Southern Commerical Bank	Occupation Banker	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6262.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 13502 River Forest Pl

City St. Louis State MO Zip Code 63128

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

Name of Employer Southern Commerical Bank Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.13046**

Amount of Each Receipt this Period  
-2600.00

Reattribute: Contribution

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

Mailing Address 13502 River Forest Pl

City St. Louis State MO Zip Code 63128

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

Name of Employer Southern Commerical Bank Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.13047**

Amount of Each Receipt this Period  
2600.00

Reattribute: from Arthur Kniffen

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

Mailing Address 424 Meadow Brook Ct.

City Jefferson City State MO Zip Code 65109

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

Name of Employer J.C. Oil Company Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
312.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.12693**

Amount of Each Receipt this Period  
62.00

Contribution

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

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

62.00

**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 17 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 310 Frisch

City Lincoln State MO Zip Code 65338

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

Name of Employer Farmers Bank Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11AI.12906**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 2016 Woodhollow Drive

City Columbia State MO Zip Code 65205

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 19 / 2014

**Transaction ID : SA11AI.12845**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 2016 Woodhollow Drive

City Columbia State MO Zip Code 65205

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.12993**

Amount of Each Receipt this Period  
 Contribution 250.00

**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 18 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 5426 Hwy 19

City Cuba State MO Zip Code 65453

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

Name of Employer Self Occupation Cooperage

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.12757**

Amount of Each Receipt this Period  
 Contribution 248.00

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

Mailing Address 315 W. Swon

City Webster Groves State MO Zip Code 63119

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

Name of Employer Self Employed Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.12972**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 12609 Conway Road

City St. Louis State MO Zip Code 63141

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

Name of Employer Stiefel & Nicklaus Occupation General Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2014

**Transaction ID : SA11AI.13039**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

748.00

**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 19 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 1083 PCR 906

City Perryville State MO Zip Code 63776

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

Name of Employer Healthcare Equipment & Supply Occupation Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11A1.12712**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 6007 Grove Drive

City Alexandria State VA Zip Code 22307

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

Name of Employer Nappi & Hoppe LLC Occupation Concrete Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11A1.13005**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 711 Old Ballas Rd Ste 100

City St Louis State MO Zip Code 63141

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

Name of Employer Allergy & Asthma Consultants Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11A1.12793**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1250.00

**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 20 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 7720 Callie Ct.

City O'Fallon State MO Zip Code 63368

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

Name of Employer NA Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.12626**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 188 Mapleton Ridge Dr.

City Cleveland State TN Zip Code 37312

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : SA11AI.12954**

Amount of Each Receipt this Period  
 Redesignate: to General -2400.00

**[MEMO ITEM]**

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

Mailing Address 188 Mapleton Ridge Dr.

City Cleveland State TN Zip Code 37312

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.12948**

Amount of Each Receipt this Period  
 Contribution 5000.00

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

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

5250.00

**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 21 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 188 Mapleton Ridge Dr.

City Cleveland	State TN	Zip Code 37312
-------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Homemaker
-------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.12953**

Amount of Each Receipt this Period  
 2400.00

Redesignate: Contribution

**[MEMO ITEM]**

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

Mailing Address 52 Portland Place

City Saint Louis	State MO	Zip Code 63106
---------------------	-------------	-------------------

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

Name of Employer Civic Service, Inc	Occupation Consultant
--	--------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.12714**

Amount of Each Receipt this Period  
 2600.00

Contribution

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

Mailing Address 8251 West Highway 40

City Columbia	State MO	Zip Code 65202
------------------	-------------	-------------------

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

Name of Employer Midway USA	Occupation Co-Owner
--------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA11AI.12986**

Amount of Each Receipt this Period  
 2600.00

Contribution

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

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

5200.00

**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 22 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 425 Park Street

City State Zip Code  
Monroe City MO 63456

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

Name of Employer Occupation  
Potterfield Trucking Co. Co-Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
248.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.12707**

Amount of Each Receipt this Period  
248.00  
Contribution

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

Mailing Address 6 Dorothy Ann Ct.

City State Zip Code  
St. Charles MO 63303

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

Name of Employer Occupation  
Walgreens Pharmacist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2014

**Transaction ID : SA11AI.12981**

Amount of Each Receipt this Period  
700.00  
Contribution

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

Mailing Address 13 E. Brentmoor

City State Zip Code  
Clayton MO 63105

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

Name of Employer Occupation  
Northwestern Mutual Financial Rep.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
620.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2014

**Transaction ID : SA11AI.12978**

Amount of Each Receipt this Period  
620.00  
Contribution

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

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

1568.00

**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 23 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 13 E. Brentmoor

City Clayton State MO Zip Code 63105

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

Name of Employer Northwestern Mutual Occupation Financial Rep.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11AI.12994**

Amount of Each Receipt this Period  
 1000.00

Contribution

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

Mailing Address PO Box 630

City Kirksville State MO Zip Code 63501

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

Name of Employer Heritage House Real Estate Occupation Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.12760**

Amount of Each Receipt this Period  
 620.00

Contribution

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

Mailing Address 281 Timber Ridge Lane

City Four Seasons State MO Zip Code 65049

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

Name of Employer NA Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.12848**

Amount of Each Receipt this Period  
 500.00

Contribution

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

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

2120.00

**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 24 OF 69
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kevin L Riley</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 5815 Red Tail Ct		<b>Transaction ID : SA11AI.12912</b>	
City Lohman	State MO	Zip Code 65053	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 124.00	
Name of Employer Riley Bros. LLC	Occupation Owner/Car Dealership		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 624.00		

Full Name (Last, First, Middle Initial) <b>B. Mildred M. Schell</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 415 Turnberry Drive		<b>Transaction ID : SA11AI.12915</b>	
City Jefferson City	State MO	Zip Code 65109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 620.00	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 1620.00		

Full Name (Last, First, Middle Initial) <b>C. Robert Sellenriek</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address PO Box 237		<b>Transaction ID : SA11AI.12691</b>	
City Jonesburg	State MO	Zip Code 63351	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 248.00	
Name of Employer Sellenriek Guest INC	Occupation Contractor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 1248.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	992.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 25 OF 69
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Menlo F Smith</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 15009 Manchester Road # 284		<b>Transaction ID : SA11AI.12924</b>
City State Zip Code Ballwin MO 63011	Amount of Each Receipt this Period Contribution 1000.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Sanmark Capital Corp. Chairman	Amount of Each Receipt this Period Contribution 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Brent Speight</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 301 N. Columbus		<b>Transaction ID : SA11AI.12735</b>
City State Zip Code Montgomery City MO 63361	Amount of Each Receipt this Period Contribution 62.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Insurance Agent Scott Agency	Amount of Each Receipt this Period Contribution 212.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 212.00	

Full Name (Last, First, Middle Initial) <b>C. J.C. Stewart</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 118 W 5th St		<b>Transaction ID : SA11AI.12976</b>
City State Zip Code Fulton MO 65251	Amount of Each Receipt this Period Contribution 248.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Banker Star One Banker	Amount of Each Receipt this Period Contribution 248.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 248.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1310.00
<b>TOTAL</b> This Period (last page this line number only).....	1310.00

**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 26 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 1826 Shiloh Valley Dr.

City Wildwood State MO Zip Code 63005

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

Name of Employer U-Gas, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.12926**

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

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

Mailing Address 18146 Hwy 151 South

City Madison State MO Zip Code 65263

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

Name of Employer Self Occupation Soybean Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **248.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.12916**

Amount of Each Receipt this Period  
 Contribution **248.00**

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

Mailing Address 36 Windcastle

City St. Charles State MO Zip Code 63304

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

Name of Employer Topping Capital Occupation TFA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : SA11AI.12919**

Amount of Each Receipt this Period  
 Contribution **1000.00**

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

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

**1498.00**

**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 27 OF 69
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kent Trimble</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 2210 N. Ten Mile Drive		<b>Transaction ID : SA11AI.12995</b>	
City Jefferson City	State MO	Zip Code 65109	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dulle-Trimble Funeral Home	Occupation Funeral Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Steven L Trulaske</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 7700 Forsyth Blvd Suite 1220		<b>Transaction ID : SA11AI.12627</b>	
City St. Louis	State MO	Zip Code 63105	Amount of Each Receipt this Period Contribution 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer True	Occupation Manufacturing		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Merlyn O Vandervort</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address P.O. Box 759		<b>Transaction ID : SA11AI.12765</b>	
City Lake Ozark	State MO	Zip Code 65049	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Metro Renovators	Occupation Developer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address P.O. Box 759

City State Zip Code  
Lake Ozark MO 65049

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

Name of Employer Occupation  
Metro Renovators Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11AI.12850**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 1631 Fairway Valley Dr.

City State Zip Code  
Wentzville MO 63385

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

Name of Employer Occupation  
Client Service, Inc. Human Resources Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11AI.12928**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 6806 Wynfield Terrace

City State Zip Code  
St. Louis MO 63129

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

Name of Employer Occupation  
Eagle Bank CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.12892**

Amount of Each Receipt this Period  
750.00  
Contribution

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

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

1250.00

**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 29 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address PO Box 7061

City: Alexandria State: VA Zip Code: 22307

FEC ID number of contributing federal political committee: C

Name of Employer: The Walter Group Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 27 / 2014

**Transaction ID : SA11AI.13004**

Amount of Each Receipt this Period: 500.00

Contribution

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

Mailing Address 184 Mills Ave

City: Spartanburg State: SC Zip Code: 29302

FEC ID number of contributing federal political committee: C

Name of Employer: Advance America Occupation: Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 06 / 11 / 2014

**Transaction ID : SA11AI.12950**

Amount of Each Receipt this Period: 2500.00

Contribution

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

Mailing Address 802 State Rd M

City: Auxvasse State: MO Zip Code: 65231

FEC ID number of contributing federal political committee: C

Name of Employer: Young's Welding & Machine Shop Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 248.00

Date of Receipt: 05 / 14 / 2014

**Transaction ID : SA11AI.12769**

Amount of Each Receipt this Period: 248.00

Contribution

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

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

3248.00

**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 30 OF 69
	<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)  
**BLAINE FOR CONGRESS**

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

Mailing Address 105 Wall Street

City New Haven State MO Zip Code 63068

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

Name of Employer Pepsi Cola Bottling Co. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
624.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11Al.12708**

Amount of Each Receipt this Period  
 Contribution 124.00

**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).....

124.00

47766.00

**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 31 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ACPAC ACA INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 4040 W 70TH ST

City State Zip Code  
MINNEAPOLIS MN 55435

FEC ID number of contributing federal political committee. **C C00034785**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11C.12943**

Amount of Each Receipt this Period  
 Contribution 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**ADVANCE AMERICA CASH ADVANCE CENTERS INC. PAC**

Mailing Address 135 N. CHURCH STREET

City State Zip Code  
SPARTANBURG SC 29306

FEC ID number of contributing federal political committee. **C C00429001**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11C.12960**

Amount of Each Receipt this Period  
 Contribution 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN RESORT DEVELOPMENT ASSOCIATION POLITICAL ACTION COMMITTEE (ARDA-PAC)**

Mailing Address 1201 15TH STREET NW 4TH FLOOR

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00129932**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : SA11C.12606**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 32 OF 69  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11C.12933**

Amount of Each Receipt this Period  
Contribution 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**APPRAISAL INSTITUTE POLITICAL ACTION COMMITTEE**

Mailing Address 122 C STREET NW STE 360

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00144261**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SA11C.12614**

Amount of Each Receipt this Period  
Contribution 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**ARCHER DANIELS MIDLAND COMPANY-ADM PAC**

Mailing Address P.O. BOX 1470

City State Zip Code  
DECATUR IL 62525

FEC ID number of contributing federal political committee. **C C00093963**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2014

**Transaction ID : SA11C.12612**

Amount of Each Receipt this Period  
Contribution 1000.00

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

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

8000.00

**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 33 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A. Full Name (Last, First, Middle Initial)**  
**BMO HARRIS BANK N.A. GOVERNMENT AFFAIRS FUND**

Mailing Address 111 W. MONROE  
P.O. BOX 755

City State Zip Code  
CHICAGO IL 60603

FEC ID number of contributing federal political committee. **C C00086256**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SA11C.13012**

Amount of Each Receipt this Period  
Contribution 500.00

**B. Full Name (Last, First, Middle Initial)**  
**BRANCH BANK & TRUST POLITICAL ACTION COMMITTEE**

Mailing Address 150 SOUTH STRATFORD ROAD  
SUITE 401

City State Zip Code  
WINSTON SALEM NC 27104

FEC ID number of contributing federal political committee. **C C00075291**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SA11C.13006**

Amount of Each Receipt this Period  
Contribution 1000.00

**C. Full Name (Last, First, Middle Initial)**  
**CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND**

Mailing Address 1680 CAPITAL ONE DRIVE  
ATTN: 19050-1204

City State Zip Code  
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11C.12740**

Amount of Each Receipt this Period  
Contribution 6500.00

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

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

8000.00

**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 34 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND**

Mailing Address 1680 CAPITAL ONE DRIVE  
ATTN: 19050-1204

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11C.12742**

Amount of Each Receipt this Period  
 5000.00

Redesignate: From Primary

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND**

Mailing Address 1680 CAPITAL ONE DRIVE  
ATTN: 19050-1204

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11C.12743**

Amount of Each Receipt this Period  
 -5000.00

Redesignate: To General

**[MEMO ITEM]**

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

Mailing Address 2800 Rockcreek Parkway  
2800 Rockcreek Parkway

City Kansas City State MO Zip Code 64117

FEC ID number of contributing federal political committee. **C** C00410589

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11C.12955**

Amount of Each Receipt this Period  
 5000.00

Contribution

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

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

5000.00

**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 35 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

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

Mailing Address **P.O. BOX 75000, C/O PAC SERVICES**

City **DETROIT** State **MI** Zip Code **48275**

FEC ID number of contributing federal political committee. **C C00393173**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : SA11C.12938**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2500.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**COMMUNITY FINANCIAL SERVICES ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address **515 KING STREET SUITE 300**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00432534**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 11 / 2014**

**Transaction ID : SA11C.12962**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**5000.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**COMPASS BANCSHARES, INC PAC**

Mailing Address **% SUE L BREWIS**  
**P O BOX 10566**

City **BIRMINGHAM** State **AL** Zip Code **35296**

FEC ID number of contributing federal political committee. **C C00142596**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : SA11C.13010**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2000.00**

Contribution

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

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

\_\_\_\_\_

**9500.00**

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 36 OF 69  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EMERSON ELECTRIC CO. RESPONSIBLE GOVERNMENT FUND**

Mailing Address 8000 W FLORISSANT AVE  
STATION 2310

City ST. LOUIS State MO Zip Code 63136

FEC ID number of contributing federal political committee. **C** C00080515

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11C.12963**

Amount of Each Receipt this Period  
 2500.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**FIFTH THIRD BANCORP POLITICAL ACTION COMMITTEE**

Mailing Address 550 E. WALNUT ST

City COLUMBUS State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00290502

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : SA11C.13009**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**FLORIDA SUGAR CANE LEAGUE PAC**

Mailing Address 1301 PENNSYLVANIA AVE NW STE 401

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00012328

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11C.12717**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

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

4500.00

**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 37 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FMR LLC POLITICAL ACTION COMMITTEE (FIDELITY PAC)**

Mailing Address 82 DEVONSHIRE STREET  
N5A

City State Zip Code  
BOSTON MA 02109

FEC ID number of contributing federal political committee. **C** C00215046

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11C.12967**

Amount of Each Receipt this Period  
 Contribution 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**GRANT THORNTON POLITICAL ACTION COMMITTEE**

Mailing Address 175 W. Jackson Blvd Suite 2000

City State Zip Code  
Chicago IL 60604

FEC ID number of contributing federal political committee. **C** C00408260

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11C.12624**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HUNTINGTON BANCSHARES INC. POLITICAL ACTION COMMITTEE (HBI-PAC)**

Mailing Address 41 S. HIGH ST

City State Zip Code  
COLUMBUS OH 43287

FEC ID number of contributing federal political committee. **C** C00165589

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11C.13014**

Amount of Each Receipt this Period  
 Contribution 1500.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 38 OF 69  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

**A.** Mailing Address 412 FIRST STREET, SE, SUITE 300

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11C.12719**

Amount of Each Receipt this Period  
 Contribution 2000.00

Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

**B.** Mailing Address 412 FIRST STREET, SE, SUITE 300

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11C.12736**

Amount of Each Receipt this Period  
 Redesignation Entry 0.00

Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

**C.** Mailing Address 412 FIRST STREET, SE, SUITE 300

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11C.12738**

Amount of Each Receipt this Period  
 Redesignate contribution received on 8/9/13 500.00

**[MEMO ITEM]**

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

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

2000.00

**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 39 OF 69			
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

Mailing Address 412 FIRST STREET, SE, SUITE 300

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11C.12739**

Amount of Each Receipt this Period  
 -500.00

Redesignation of contribution received on 8/9/13

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Mailing Address 1501 K STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11C.13049**

Amount of Each Receipt this Period  
 2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11C.12615**

Amount of Each Receipt this Period  
 1000.00

Contribution

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

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

3500.00

**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 40 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)**

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11C.12959**

Amount of Each Receipt this Period  
 2500.00  
 Contribution

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

Mailing Address 127 PUBLIC SQUARE  
OH-01-27-1816

City CLEVELAND State OH Zip Code 44114

FEC ID number of contributing federal political committee. **C** C00073155

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : SA11C.13007**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MONSANTO COMPANY CITIZENSHIP FUND AKA MONSANTO CITIZENSHIP FUND**

Mailing Address 800 N. LINDBERGH BLVD.

City ST. LOUIS State MO Zip Code 63167

FEC ID number of contributing federal political committee. **C** C00042069

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11C.12974**

Amount of Each Receipt this Period  
 1500.00  
 Contribution

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

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

5000.00

**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 41 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Montgomery County Republican Central Ctee**

Mailing Address 301 N. Columbus

City State Zip Code  
Montgomery City MO 63361

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
62.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11C.12777**

Amount of Each Receipt this Period  
 Contribution 62.00

**B.** Full Name (Last, First, Middle Initial)  
NAT'L TELECOMMUNICATIONS COOPERATIVE ASSN./TELECOMMUNICATIONS EDUCATION COMMITTEE ORG.

Mailing Address 4121 WILSON BLVD.  
10TH FLOOR

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11C.13011**

Amount of Each Receipt this Period  
 Contribution 4000.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE

Mailing Address 3138 NORTH 10TH STREET

City State Zip Code  
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C** C00040659

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : SA11C.12609**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

5062.00

**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 42 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11C.12941**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

Mailing Address 249 Fifth Ave

City State Zip Code  
Pittsburg PA 15222

FEC ID number of contributing federal political committee. **C** C00186064

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2014

**Transaction ID : SA11C.12944**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

Mailing Address 700 WEST 47TH STREET  
SUITE 1000

City State Zip Code  
KANSAS CITY MO 64112

FEC ID number of contributing federal political committee. **C** C00445981

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11C.12618**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

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

3000.00

**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 43 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

A. Mailing Address 2600 SOUTH RIVER ROAD

City State Zip Code  
DES PLAINES IL 60018

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014

Transaction ID : SA11C.12616

Amount of Each Receipt this Period  
 Contribution 2000.00

B. Full Name (Last, First, Middle Initial)  
**QC HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 9401 INDIAN CREEK PARKWAY  
SUITE 1500

City State Zip Code  
OVERLAND PARK KS 66210

FEC ID number of contributing federal political committee. **C** C00411769

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

Transaction ID : SA11C.12956

Amount of Each Receipt this Period  
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)  
**QUICKEN LOANS INC PAC**

Mailing Address 101 S WASHINGTON SQ SUITE 620  
101 S. WASHINGTON SQUARE STE 620

City State Zip Code  
LANSING MI 48933

FEC ID number of contributing federal political committee. **C** C00388827

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11C.12613

Amount of Each Receipt this Period  
 Contribution 1000.00

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

4000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
RBS CITIZENS FINANCIAL GROUP, INC. POLITICAL COMMITTEE (RBS CITIZENS PAC)

Mailing Address C/O KENNETH W. ROBINSON, TREASURER  
ONE CITIZENS PLAZA, 5TH FLOOR

City Providence State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C** C00307249

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11C.12939**

Amount of Each Receipt this Period  
 2500.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
REGIONS FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1900 5TH AVENUE NORTH  
6TH FLOOR

City Birmingham State AL Zip Code 35203

FEC ID number of contributing federal political committee. **C** C00432252

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11C.12964**

Amount of Each Receipt this Period  
 3000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address ONE STATE FARM PLAZA  
C/O MARK SCHWAMBERGER, TREASURER,

City Bloomington State IL Zip Code 61710

FEC ID number of contributing federal political committee. **C** C00544817

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11C.12968**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

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

6500.00

**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 45 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)**

Mailing Address PO BOX 666

City State Zip Code  
BELLE GLADE FL 33430

FEC ID number of contributing federal political committee. **C C00254656**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : SA11C.13048**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 919 E MAIN STREET

City State Zip Code  
RICHMOND VA 23219

FEC ID number of contributing federal political committee. **C C00386524**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11C.12958**

Amount of Each Receipt this Period  
 Contribution 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**TITLE INDUSTRY POLITICAL ACTION COMMITTEE**

Mailing Address 1828 L ST NW  
SUITE 705

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00012914**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11C.13016**

Amount of Each Receipt this Period  
 Contribution 2500.00

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

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

5500.00

# 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 46 OF 69	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC**

Mailing Address **601 THIRTEENTH STREET NW  
STE 910 S**

City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing federal political committee. **C C00542365**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 23 2014**

Transaction ID : **SA11C.12934**

Amount of Each Receipt this Period  
**1000.00**  
Contribution

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).....

**1000.00**

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

**79062.00**

**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 47 OF 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address PO Box 650448		Amount of Each Disbursement this Period 156.40
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Credit Card: See Below	Transaction ID : SB17.12801
Candidate Name <b>BLAINE FOR CONGRESS</b>	Category/ Type	
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: MO District: 03		

Full Name (Last, First, Middle Initial) <b>B. Vonage</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address www.vonage.com		Amount of Each Disbursement this Period 65.05
City Homdell	State NJ	
Zip Code 07733	Purpose of Disbursement Phone Charges	Transaction ID : SB17.12801.0
Candidate Name <b>BLAINE FOR CONGRESS</b>	Category/ Type	
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)	[MEMO ITEM]
State: MO District: 03		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 131 W. High St.		Amount of Each Disbursement this Period 60.00
City Jefferson City	State MO	
Zip Code 65109	Purpose of Disbursement PO Box Renewal	Transaction ID : SB17.12801.1
Candidate Name <b>BLAINE FOR CONGRESS</b>	Category/ Type	
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)	[MEMO ITEM]
State: MO District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	156.40
<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 48 OF 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO Box 650448		Amount of Each Disbursement this Period 174.90 <b>Transaction ID : SB17.12859</b>
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Credit Card: See Below	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

Full Name (Last, First, Middle Initial) <b>B. Vonage</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address www.vonage.com		Amount of Each Disbursement this Period 65.58 <b>Transaction ID : SB17.12859.0</b> <b>[MEMO ITEM]</b>
City Homdell	State NJ	
Zip Code 07733	Purpose of Disbursement Telephone Expense	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. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 1300 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 19.36 <b>Transaction ID : SB17.12859.2</b> <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Shipping	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	174.90
<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 49 OF 69			
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO Box 650448		Amount of Each Disbursement this Period 654.01 <b>Transaction ID : SB17.12877</b>
City Dallas	State TX	
Purpose of Disbursement Credit Card: See Below		Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Vonage</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address www.vonage.com		Amount of Each Disbursement this Period 65.58 <b>Transaction ID : SB17.12877.0</b> <b>[MEMO ITEM]</b>
City Homdell	State NJ	
Purpose of Disbursement Telephone Express		Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 131 W. High St.		Amount of Each Disbursement this Period 201.56 <b>Transaction ID : SB17.12877.1</b> <b>[MEMO ITEM]</b>
City Jefferson City	State MO	
Purpose of Disbursement Postage		Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	654.01
<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 50 OF 69			
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Federal Express</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		13		2014
M M	/	D D	/	Y Y Y Y								
05		13		2014								
Mailing Address 1300 Pennsylvania Ave. NW		Amount of Each Disbursement this Period										
City Washington State DC Zip Code 20004 Purpose of Disbursement Shipping		<table border="1"> <tr> <td>19.27</td> </tr> </table>	19.27									
19.27												
Candidate Name <b>BLAINE FOR CONGRESS</b>		Transaction ID : <b>SB17.12877.2</b>										
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)		[MEMO ITEM]										
State: MO District: 03												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		14		2014
M M	/	D D	/	Y Y Y Y								
05		14		2014								
Mailing Address 131 W. High St.		Amount of Each Disbursement this Period										
City Jefferson City State MO Zip Code 65109 Purpose of Disbursement Postage		<table border="1"> <tr> <td>49.00</td> </tr> </table>	49.00									
49.00												
Candidate Name <b>BLAINE FOR CONGRESS</b>		Transaction ID : <b>SB17.12877.3</b>										
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)		[MEMO ITEM]										
State: MO District: 03												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>c. Federal Express</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		28		2014
M M	/	D D	/	Y Y Y Y								
05		28		2014								
Mailing Address 1300 Pennsylvania Ave. NW		Amount of Each Disbursement this Period										
City Washington State DC Zip Code 20004 Purpose of Disbursement Shipping		<table border="1"> <tr> <td>24.00</td> </tr> </table>	24.00									
24.00												
Candidate Name <b>BLAINE FOR CONGRESS</b>		Transaction ID : <b>SB17.12877.5</b>										
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)		[MEMO ITEM]										
State: MO District: 03												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Staples Office Supply</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 2500 Missouri Boulevard		Amount of Each Disbursement this Period 192.87
City Jefferson City	State MO	
Zip Code 65109	Purpose of Disbursement Office Supplies	Transaction ID : SB17.12877.6
Candidate Name <b>BLAINE FOR CONGRESS</b>	Category/ Type	
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)	[MEMO ITEM]
State: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>B. American Family Insurance</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 215 Main St.		Amount of Each Disbursement this Period 266.00
City St. Elizabeth	State MO	
Zip Code 65075	Purpose of Disbursement Insurance	Transaction ID : SB17.12864
Candidate Name <b>BLAINE FOR CONGRESS</b>	Category/ Type	
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: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Bogart Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 2356.25
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Itemized: See below	Transaction ID : SB17.12814
Candidate Name <b>BLAINE FOR CONGRESS</b>	Category/ Type 003	
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: MO	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2622.25
<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 52 OF 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1300 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 72.50
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Shipping	Transaction ID : SB17.12814.0
Candidate Name <b>BLAINE FOR CONGRESS</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Acqua AI 2</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 212 7th Street, SE		Amount of Each Disbursement this Period 46.50
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Event Expense: Food & Beverage	Transaction ID : SB17.12814.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Acqua AI 2</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 212 7th Street, SE		Amount of Each Disbursement this Period 2237.25
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Event Expense: Food & Beverage	Transaction ID : SB17.12814.2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 53 OF 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3253.75 <b>Transaction ID : SB17.12825</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Itemized: See Below	Category/ Type 003
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.12825.0</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising Consulting Fee	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1300 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 253.75 <b>Transaction ID : SB17.12825.1</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Shipping	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3253.75
<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 54 OF 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.12865</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising Consulting Fee	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

Full Name (Last, First, Middle Initial) <b>B. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3905.70 <b>Transaction ID : SB17.12888</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Itemized: See Below	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. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.12888.0</b> <b>[MEMO ITEM]</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising Consulting Fee	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6905.70
<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 55 OF 69			
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Acqua AI 2</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 212 7th Street, SE		Amount of Each Disbursement this Period 905.70
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Event Expense: Food & Beverage	Transaction ID : SB17.12888.1
Candidate Name <b>BLAINE FOR CONGRESS</b>	Category/Type	
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)	[MEMO ITEM]
State: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Capital Enhancement, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 150 Long Road Suite 50		Amount of Each Disbursement this Period 58.64
City Chesterfield	State MO	
Zip Code 63005	Purpose of Disbursement Expense Reimb: See below	Transaction ID : SB17.12842
Candidate Name <b>BLAINE FOR CONGRESS</b>	Category/Type	
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: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>c. Capital Enhancement, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 150 Long Road Suite 50		Amount of Each Disbursement this Period 49.16
City Chesterfield	State MO	
Zip Code 63005	Purpose of Disbursement Mileage	Transaction ID : SB17.12842.1
Candidate Name <b>BLAINE FOR CONGRESS</b>	Category/Type	
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)	[MEMO ITEM]
State: MO	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58.64
<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 56 OF 69			
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capital Enhancement, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 150 Long Road Suite 50		Amount of Each Disbursement this Period 2928.46 <b>Transaction ID : SB17.12870</b>
City Chesterfield State MO Zip Code 63005	Purpose of Disbursement Itemized: See Below	
Candidate Name <b>BLAINE FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	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. Capital Enhancement, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 150 Long Road Suite 50		Amount of Each Disbursement this Period 2755.00 <b>Transaction ID : SB17.12870.0</b> <b>[MEMO ITEM]</b>
City Chesterfield State MO Zip Code 63005	Purpose of Disbursement Fundraising Consulting Fee	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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. Capital Enhancement, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 150 Long Road Suite 50		Amount of Each Disbursement this Period 173.46 <b>Transaction ID : SB17.12870.1</b> <b>[MEMO ITEM]</b>
City Chesterfield State MO Zip Code 63005	Purpose of Disbursement Mileage Reimbursement	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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).....	2928.46
<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 57 OF 69			
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capital Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 300 First Street S.E.		Amount of Each Disbursement this Period 372.91 <b>Transaction ID : SB17.12809</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Political Meals & Dues	
Candidate Name <b>BLAINE FOR CONGRESS</b>		Category/Type
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: MO District: 03		

Full Name (Last, First, Middle Initial) <b>B. Capital Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 300 First Street S.E.		Amount of Each Disbursement this Period 850.43 <b>Transaction ID : SB17.12835</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Political Meals & Dues	
Candidate Name <b>BLAINE FOR CONGRESS</b>		Category/Type
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: MO District: 03		

Full Name (Last, First, Middle Initial) <b>c. Capital Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 300 First Street S.E.		Amount of Each Disbursement this Period 254.41 <b>Transaction ID : SB17.12886</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Political Meals & Dues	
Candidate Name <b>BLAINE FOR CONGRESS</b>		Category/Type
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: MO District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1477.75
<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 58 OF 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Connect Strategic Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address PO Box 141251		Amount of Each Disbursement this Period 98.00 <b>Transaction ID : SB17.12796</b>
City Dallas State TX Zip Code 75214	Purpose of Disbursement Website Hosting Category/Type 001	
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03		

Full Name (Last, First, Middle Initial) <b>B. Connect Strategic Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 141251		Amount of Each Disbursement this Period 49.00 <b>Transaction ID : SB17.12818</b>
City Dallas State TX Zip Code 75214	Purpose of Disbursement Website Hosting Category/Type	
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03		

Full Name (Last, First, Middle Initial) <b>c. Connect Strategic Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address PO Box 141251		Amount of Each Disbursement this Period 2089.00 <b>Transaction ID : SB17.12887</b>
City Dallas State TX Zip Code 75214	Purpose of Disbursement Web Hosting Category/Type	
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2236.00
<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 59 OF 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ernest W Dempsey</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 10 Rio Vista Drive		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.12824</b>
City St. Charles	State MO	
Zip Code 63303	Purpose of Disbursement In-kind - Food & Beverage	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. Greater St. Charles County Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2201 1st. Capitol Dr.		Amount of Each Disbursement this Period 151.80 <b>Transaction ID : SB17.12820</b>
City St.Charles	State MS	
Zip Code 63301	Purpose of Disbursement Membership Dues	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

Full Name (Last, First, Middle Initial) <b>C. W BLAINE LUETKEMEYER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 215 MAIN STREET		Amount of Each Disbursement this Period 649.60 <b>Transaction ID : SB17.12798</b>
City ST ELIZABETH	State MO	
Zip Code 65075	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1301.40
<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 60 OF 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. W BLAINE LUETKEMEYER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 215 MAIN STREET		Amount of Each Disbursement this Period 558.32 <b>Transaction ID : SB17.12869</b>
City ST ELIZABETH	State MO	
Zip Code 65075	Purpose of Disbursement Mileage Reimbursement	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

Full Name (Last, First, Middle Initial) <b>B. O' Fallon Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1299 Bryan Rd.		Amount of Each Disbursement this Period 230.00 <b>Transaction ID : SB17.12834</b>
City O' Fallon	State MO	
Zip Code 63366	Purpose of Disbursement Membership Dues	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

Full Name (Last, First, Middle Initial) <b>c. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : SB17.13027</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Processing 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	833.32
<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 61 OF 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 11.25 <b>Transaction ID : SB17.12852</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 001
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 5.58 <b>Transaction ID : SB17.12853</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Processing fee	Category/ Type 001
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 22.50 <b>Transaction ID : SB17.12855</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	39.33
<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 62 OF 69			
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 71.25 <b>Transaction ID : SB17.12856</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Processing Fee 001 Category/Type	
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03		

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 27.90 <b>Transaction ID : SB17.12979</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Processing 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. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 32.63 <b>Transaction ID : SB17.12985</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Processing 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	71.78
<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 63 OF 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 117.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	<b>Transaction ID : SB17.12987</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. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 4.50
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	<b>Transaction ID : SB17.12990</b>
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO District: 03		

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 144 Second Street		Amount of Each Disbursement this Period 92.25
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	<b>Transaction ID : SB17.12991</b>
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	213.75
<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 64 OF 69			
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Presort, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1090 Crosswinds Ct.		Amount of Each Disbursement this Period 941.62 <b>Transaction ID : SB17.12812</b>
City Wentzville	State MO	
Zip Code 63385	Purpose of Disbursement Postage	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

Full Name (Last, First, Middle Initial) <b>B. Presort, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1090 Crosswinds Ct.		Amount of Each Disbursement this Period 1243.62 <b>Transaction ID : SB17.12837</b>
City Wentzville	State MO	
Zip Code 63385	Purpose of Disbursement Postage	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

Full Name (Last, First, Middle Initial) <b>c. Sam's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 101 Conlay Rd.		Amount of Each Disbursement this Period 301.24 <b>Transaction ID : SB17.13000</b>
City Columbia	State MO	
Zip Code 65201	Purpose of Disbursement Office Supplies	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).....	2486.48
<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 65 OF 69			
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. the Bespoke Group</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO Box 7221		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB17.12813</b>
City Columbia	State MO	
Purpose of Disbursement FEC Compliance		Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>B. the Bespoke Group</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO Box 7221		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : SB17.12866</b>
City Columbia	State MO	
Purpose of Disbursement FEC Compliance		Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>c. The Lodge of the Four Seasons</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address State Route HH		Amount of Each Disbursement this Period 1317.36 <b>Transaction ID : SB17.12867</b>
City Lake Ozark	State MO	
Purpose of Disbursement Event Expense: Food & Beverage		Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8067.36
<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 66 OF 69	
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Thomson Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 601 North Kingshighway		Amount of Each Disbursement this Period 348.54 <b>Transaction ID : SB17.12808</b>
City St. Charles	State MO	
Zip Code 63301	Purpose of Disbursement Printing	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

Full Name (Last, First, Middle Initial) <b>B. Thomson Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 601 North Kingshighway		Amount of Each Disbursement this Period 737.11 <b>Transaction ID : SB17.12821</b>
City St. Charles	State MO	
Zip Code 63301	Purpose of Disbursement Printing	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

Full Name (Last, First, Middle Initial) <b>c. Thomson Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 601 North Kingshighway		Amount of Each Disbursement this Period 500.72 <b>Transaction ID : SB17.12836</b>
City St. Charles	State MO	
Zip Code 63301	Purpose of Disbursement Printing	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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: MO District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1586.37
<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 67 OF 69			
	<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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Western Saint Charles Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO Box 11		Amount of Each Disbursement this Period 125.00 <b>Transaction ID : SB17.12876</b>
City Wentzville	State MO	
Purpose of Disbursement Annual Membership Fee		Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>		
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: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
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:	

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	
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).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	35192.65

**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 68 OF 69			
	<input type="checkbox"/> 17 <input checked="" 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)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. John Qualy</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 13 E. Brentmoor		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB20A.12819</b>
City Clayton	State MO Zip Code 63105	
Purpose of Disbursement Refund of Contribution		Category/Type
Candidate Name <b>BLAINE FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: MO District: 03		

Full Name (Last, First, Middle Initial) <b>B.</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	Disbursement For:	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<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	Disbursement For:	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	2600.00

**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 69 OF 69
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BLAINE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Citizens to Elect Ken Waller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 202 Santschi Circle		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.12873</b>
City Herculaneum	State MO	
Zip Code 63048	Purpose of Disbursement Political Contribution	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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	
State: MO	District: 03	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS FOR TRAVIS FITZWATER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address P.O. BOX 96		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.13025</b>
City ST. ELIZABETH	State MO	
Zip Code 65075	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>BLAINE FOR CONGRESS</b>	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	
State: MO	District: 03	

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	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00