

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE
14 JAN 13 AM 11:23
Office Use Only

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

12FE4M5

FRIENDS OF NANCY MACE

ADDRESS (number and street) ▼

295 SEVEN FARMS DRIVE SUITE C-186

Check if different than previously reported. (ACC)

CHARLESTON

SC

29492

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00549295

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

SC

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY
07 / 01 / 2013

through

MM / DD / YYYY
09 / 30 / 2013

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

Type or Print Name of Treasurer Dan Backer

Signature of Treasurer Dan Backer

Date

MM / DD / YYYY
01 / 07 / 2014

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

14020012072

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF NANCY MACE

Report Covering the Period: From:

M M / D D / Y Y Y Y
07 01 / 2013

To:

M M / D D / Y Y Y Y
09 30 / 2013

	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))	141429.89	141437.78
(b) Total Contribution Refunds (from Line 20(d))	525.00	525.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	140904.89	140912.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28583.01	28590.90
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	28583.01	28590.90
8. Cash on Hand at Close of Reporting Period (from Line 27)	112321.88	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

1402001207

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

FRIENDS OF NANCY MACE

Report Covering the Period: From: M M / D D / Y Y Y Y 07 01 2013 To: M M / D D / Y Y Y Y 09 30 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	60142.00	60142.00
(ii) Unitemized	74095.92	74095.92
(iii) TOTAL of contributions from individuals	134237.92	134237.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) The Candidate	2191.97	2199.86
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) ..	141429.89	141437.78
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	141429.89	141437.78

14020012074

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28583.01	28590.90
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.....	525.00	525.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	525.00	525.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	29108.01	29115.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	141429.89
25. SUBTOTAL (add Line 23 and Line 24).....	141429.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29108.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	112321.88

14020012075

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3N
Transaction ID :

This report is amended to correct data errors discovered in the prior report, provide additional FEC Required "best efforts" information obtained to date, and respond to the RFAI dated December 3, 2013. This report has also been mailed to the US Senate. In response to item 1 of this RFAI, this Committee exercises its best efforts to report the complete identification of all contributors who contribute in excess of \$200 in a calendar year. First, this Committee makes a clear and conspicuous request for this information on its website donation platform and on the standardized solicitation materials distributed to prospective contributors in advance of events and in other communications from fundraising personnel to prospective contributors. Second, contributors who do not provide that information originally receive a subsequent request for that information through phone, email, or regular mail that is not itself a solicitation. Third, if and when that information is obtained after the filing of a report, the subject report will be amended. In response to item 2 of this RFAI, this committee has amended this report to properly attribute contributions made to both the Primary and General elections.

Form/Schedule:
Transaction ID:

14020012076

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Ruth Anne Adams		Date of Receipt M - M / D - D / Y - Y - Y - Y 08 06 2013
Mailing Address 1504 Kenwalt Drive		Transaction ID : SA11AI.11041
City Clemmons	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Russell Barger		Date of Receipt M - M / D - D / Y - Y - Y - Y 08 08 2013
Mailing Address 424 Valley View Court		Transaction ID : SA11AI.11553
City Aledo	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Guy Bowers		Date of Receipt M - M / D - D / Y - Y - Y - Y 08 28 2013
Mailing Address PO Box 8090		Transaction ID : SA11AI.10891
City Ruidoso	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer NEED	Occupation NEED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

14020012077

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Guy Bowers			Date of Receipt M / M / D / D / Y - Y - Y - Y 08 / 28 / 2013	
Mailing Address PO Box 8090			Transaction ID : SA11AI.12927	
City Ruldoso	State MI	Zip Code 88355	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2600.00	
Name of Employer NEED		Occupation NEED	Amount of Each Receipt this Period 2600.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) B. Brent Boyd			Date of Receipt M / M / D / D / Y - Y - Y - Y 08 / 06 / 2013	
Mailing Address 407 Collins Street			Transaction ID : SA11AI.11127	
City Argyle	State TX	Zip Code 76226	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2500.00	
Name of Employer		Occupation	Amount of Each Receipt this Period 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) C. Michael Brown			Date of Receipt M / M / D / D / Y - Y - Y - Y 08 / 06 / 2013	
Mailing Address 5545 Faucette Rd			Transaction ID : SA11AI.11272	
City Brown Summit	State NC	Zip Code 27214	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00	
Name of Employer		Occupation	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	5350.00
TOTAL This Period (last page this line number only).....	5350.00

14020012078

**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 81		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Sonal Bullard			Date of Receipt M M / D D / Y Y - Y Y 08 01 2013		
Mailing Address 4726 Layfield Drive			Transaction ID : SA11AI.11933		
City Dunwoody	State GA	Zip Code 30338	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2000.00		
Name of Employer Suntrust Bank		Occupation Strategist	Amount of Each Receipt this Period 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	Amount of Each Receipt this Period 2000.00		

Full Name (Last, First, Middle Initial) B. Stephen Butler			Date of Receipt M M / D D / Y Y - Y Y 09 06 2013		
Mailing Address 87 Concord Dr			Transaction ID : SA11AI.11599		
City Madison	State CT	Zip Code 06443-0000	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer		Occupation	Amount of Each Receipt this Period 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	Amount of Each Receipt this Period 250.00		

Full Name (Last, First, Middle Initial) C. Dustin Calhoun			Date of Receipt M M / D D / Y Y - Y Y 08 07 2013		
Mailing Address PO Box 2987			Transaction ID : SA11AI.10791		
City Lakeland	State FL	Zip Code 33806	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00		
Name of Employer		Occupation	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	Amount of Each Receipt this Period 500.00		

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	2750.00

14020012079

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Gary Campbell			Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2013
Mailing Address 207 Ashwood Dr.			Transaction ID : SA11AI.12090
City Decatur	State AL	Zip Code 35603	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired		Transaction ID : SA11AI.12090
Receipt For: <input 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. Jean Carlton			Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2013
Mailing Address 124 Folly Rd Blvd			Transaction ID : SA11AI.10770
City Charleston	State SC	Zip Code 29407	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2500.00
Name of Employer Retired	Occupation Retired		Transaction ID : SA11AI.10770
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) C. Jean Carlton			Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2013
Mailing Address 124 Folly Rd Blvd			Transaction ID : SA11AI.11900
City Charleston	State SC	Zip Code 29407	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired		Transaction ID : SA11AI.11900
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

14020012080

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Walter Carr			Date of Receipt M M / D D / Y Y - Y Y 08 / 03 / 2013	
Mailing Address 5806 Campbell St			Transaction ID : SA11AI.10771	
City Hannahan	State SC	Zip Code 29410	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00	
Name of Employer Carr Properties		Occupation President	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	Amount of Each Receipt this Period 1000.00	

Full Name (Last, First, Middle Initial) Stephen E Chaletzky			Date of Receipt M M / D D / Y Y - Y Y 08 / 09 / 2013	
Mailing Address 20 Randolph Road			Transaction ID : SA11AI.12738	
City Chestnut Hill	State MA	Zip Code 02467-0000	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00	
Name of Employer Self		Occupation Real Estate Manager	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	Amount of Each Receipt this Period 500.00	

Full Name (Last, First, Middle Initial) Henry Charpek			Date of Receipt M M / D D / Y Y - Y Y 09 / 23 / 2013	
Mailing Address 6805 W Commercial Blvd #312			Transaction ID : SA11AI.11842	
City Lauderhill	State FL	Zip Code 33319	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00	
Name of Employer Us Xpress		Occupation Otr Driver	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	Amount of Each Receipt this Period 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	1750.00

14020012001

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

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

FOR LINE NUMBER: PAGE 11 OF 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Full Name (Last, First, Middle Initial)
Bob Christian

Mailing Address **3319 Beachwater Dr**

City **Katy** State **TX** Zip Code **77450**

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
09 30 2013

Transaction ID : **SA11A1.11483**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
J.E. Coggins

Mailing Address **2003 Isard Ct**

City **Charleston** State **SC** Zip Code **29414**

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

Name of Employer _____ Occupation _____

Retired _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
M M / D D / Y Y Y Y
08 12 2013

Transaction ID : **SA11A1.10823**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Adam Condo

Mailing Address **322 Garden Str**

City **Hoboken** State **NJ** Zip Code **07030-0000**

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
09 09 2013

Transaction ID : **SA11A1.11037**

Amount of Each Receipt this Period
1000.00

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

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

2000.00

14020012082

**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 81	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Edward Cox		Date of Receipt M - M / D - D / Y - Y - Y - Y 08 10 2013	
Mailing Address 2703 Coventry Ln.		Transaction ID : SA11AI.11691	
City Waukesha	State WI	Zip Code 53188	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Kathleen Crosby		Date of Receipt M - M / D - D / Y - Y - Y - Y 09 28 2013	
Mailing Address 214 Apac Rd		Transaction ID : SA11AI.11857	
City Aiken	State SC	Zip Code 29801	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Usps Retired Rural Carrier	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Jared Crotser		Date of Receipt M - M / D - D / Y - Y - Y - Y 09 03 2013	
Mailing Address 4504 Hermosa Road		Transaction ID : SA11AI.11143	
City Crestview	State FL	Zip Code 32539	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	600.00

14020012083

**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 81
	<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)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Bill Cunningham			Date of Receipt M M / D D / Y Y Y Y 08 06 2013		
A. Mailing Address 13727 Kensal Green Dr			Transaction ID : SA11AI.11955		
City Charlotte	State NC	Zip Code 28278	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Thomson Reuters		Occupation Systems Engineer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 275.00			

Full Name (Last, First, Middle Initial) Bill Cunningham			Date of Receipt M M / D D / Y Y Y Y 08 07 2013		
B. Mailing Address 13727 Kensal Green Dr			Transaction ID : SA11AI.11768		
City Charlotte	State NC	Zip Code 28278	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Thomson Reuters		Occupation Systems Engineer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 285.00			

Full Name (Last, First, Middle Initial) Harry Danik			Date of Receipt M M / D D / Y Y Y Y 08 06 2013		
C. Mailing Address 3358 West 130th			Transaction ID : SA11AI.11639		
City Cleveland	State OH	Zip Code 44111	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00			

SUBTOTAL of Receipts This Page (optional).....	860.00
TOTAL This Period (last page this line number only).....	

14020012084

**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 81			
	<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)
FRIENDS OF NANCY MACE

A. Full Name (Last, First, Middle Initial) Michael Dial			Date of Receipt M M / D D / Y Y Y Y 08 15 2013		
Mailing Address 8708 Wingard Rd.			Transaction ID : SA11AI.12387		
City Waxhaw	State NC	Zip Code 28173	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Name of Employer Self		
Occupation Restaurant Owner			Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 250.00					

B. Full Name (Last, First, Middle Initial) Richard Diaz			Date of Receipt M M / D D / Y Y Y Y 09 29 2013		
Mailing Address 631 Reedy Rd.			Transaction ID : SA11AI.11412		
City Conway	State AR	Zip Code 72034	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			Name of Employer FR Bell and Assoc		
Occupation Land/Industrail Surveyor			Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 225.00					

C. Full Name (Last, First, Middle Initial) Randall Doerter			Date of Receipt M M / D D / Y Y Y Y 08 12 2013		
Mailing Address Po Box 681694			Transaction ID : SA11AI.11803		
City Franklin	State TN	Zip Code 37068	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			Name of Employer Wood & Hyde Leather Co		
Occupation Management			Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 1000.00					

SUBTOTAL of Receipts This Page (optional).....			1275.00		
TOTAL This Period (last page this line number only).....					

1140200112085

**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 81	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Lewis Drumheller		Date of Receipt M - M / D - D / Y - Y - Y - Y 08 / 03 / 2013	
Mailing Address 1720 Cong. Dickinson Drive		Transaction ID : SA11AI.11809	
City Montgomery	State AL	Zip Code 36109	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ala. Air National Guard	Occupation Human Resources Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) JAMES ELFSTRUM		Date of Receipt M - M / D - D / Y - Y - Y - Y 09 / 30 / 2013	
Mailing Address 6 ADAMS DRIVE		Transaction ID : SA11AI.11257	
City CRANBURY	State NJ	Zip Code 08512-0000	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) Lisa Emeott		Date of Receipt M - M / D - D / Y - Y - Y - Y 08 / 08 / 2013	
Mailing Address 5608 Silentbrook Ln		Transaction ID : SA11AI.12047	
City Rolling Meadows	State IL	Zip Code 60008	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Accountant, Currently Not Working		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	600.00

1140200011200005

**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 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Lisa Emeott		Date of Receipt M - M / D - D / Y - Y - Y - Y 08 / 11 / 2013
Mailing Address 5608 Silentbrook Ln		Transaction ID : SA11AI.12537
City Rolling Meadows	State IL	Zip Code 60008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer None	Occupation Accountant, Currently Not Working	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 287.00	

Full Name (Last, First, Middle Initial) B. Jan Esler-Rowe		Date of Receipt M - M / D - D / Y - Y - Y - Y 09 / 09 / 2013
Mailing Address 5101 SE PARK Street		Transaction ID : SA11AI.11302
City Mil	State OR	Zip Code 97222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Micahel Fox		Date of Receipt M - M / D - D / Y - Y - Y - Y 08 / 05 / 2013
Mailing Address 2752 Silver Oak Pl		Transaction ID : SA11AI.11120
City Escondido	State CA	Zip Code 92029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1512.00
TOTAL This Period (last page this line number only).....	

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**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 81	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Vicki S. Fry			Date of Receipt MM / DD / YYYY 09 / 22 / 2013	
Mailing Address 11243 Via Andiamo			Transaction ID : SA11AI.10880	
City Windermere	State FL	Zip Code 34786	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) Lair Gantt			Date of Receipt MM / DD / YYYY 09 / 03 / 2013	
Mailing Address 11 Rabbit Hollow Dr			Transaction ID : SA11AI.11217	
City Candler	State NC	Zip Code 28715	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) Karl Grab			Date of Receipt MM / DD / YYYY 08 / 07 / 2013	
Mailing Address 10006 Chestnut Creek Way			Transaction ID : SA11AI.10787	
City Pearland	State TX	Zip Code 77584	Amount of Each Receipt this Period 1300.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1300.00		

SUBTOTAL of Receipts This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	

14020012088

**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 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Donald Graham			Date of Receipt M - M / D - D / Y - Y - Y - Y 08 02 2013
Mailing Address 7417 Grenfell Dr			Transaction ID : SA11AI.11493
City Las Vegas	State NV	Zip Code 89129	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Robert Gray			Date of Receipt M - M / D - D / Y - Y - Y - Y 08 08 2013
Mailing Address 1200 Somerby Drive Apt.1916			Transaction ID : SA11AI.12863
City Mobile	State AL	Zip Code 36695	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Daniel Hackett			Date of Receipt M - M / D - D / Y - Y - Y - Y 08 08 2013
Mailing Address 264 Nw 119 Lane			Transaction ID : SA11AI.11687
City Coral Springs	State FL	Zip Code 33071	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

14020012089

**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 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Full Name (Last, First, Middle Initial) Tetyana Haddad			Date of Receipt M - M / D - D / Y - Y - Y - Y 08 27 2013		
Mailing Address 265 S Cranbrook Cross Rd			Transaction ID : SA11AI.12021		
City	State	Zip Code	Amount of Each Receipt this Period		
Bloomfield Hills	MI	48301	250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer First Of Birmingham		Occupation Secretary	325.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	325.00		

B. Full Name (Last, First, Middle Initial) Tetyana Haddad			Date of Receipt M - M / D - D / Y - Y - Y - Y 09 28 2013		
Mailing Address 265 S Cranbrook Cross Rd			Transaction ID : SA11AI.11729		
City	State	Zip Code	Amount of Each Receipt this Period		
Bloomfield Hills	MI	48301	10.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer First Of Birmingham		Occupation Secretary	335.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	335.00		

C. Full Name (Last, First, Middle Initial) Ashley Hancock			Date of Receipt M - M / D - D / Y - Y - Y - Y 08 07 2013		
Mailing Address 1502 Kentwood Cir			Transaction ID : SA11AI.12028		
City	State	Zip Code	Amount of Each Receipt this Period		
Charleston	SC	29412	250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer Rodney Hancock Real Estate		Occupation Real Estate Sales	250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	250.00		

SUBTOTAL of Receipts This Page (optional).....	510.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 20 OF 81

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Richard Hardison			Date of Receipt M - M / D - D / Y - Y - Y - Y 08 07 2013	
Mailing Address 3227 Capital Medical Blvd			Transaction ID : SA11AI.10939	
City Tallahassee	State FL	Zip Code 32308	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) Mike And Laura Harris			Date of Receipt M - M / D - D / Y - Y - Y - Y 08 07 2013	
Mailing Address 24 Dimmock Road			Transaction ID : SA11AI.11653	
City Waterford	State CT	Zip Code 06385-0000	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) John Hathaway			Date of Receipt M - M / D - D / Y - Y - Y - Y 08 05 2013	
Mailing Address PO Box 86			Transaction ID : SA11AI.11398	
City Rossville	State IL	Zip Code 60963	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

14020012091

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Ernest Keith Hill		Date of Receipt M / M / D D / Y - Y - Y - Y 08 / 05 / 2013
Mailing Address 1720 Cherokee Ave		Transaction ID : SA11AI.11135
City Gaffney	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Occupation		Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Thomas Hinson		Date of Receipt M / M / D D / Y - Y - Y - Y 09 / 23 / 2013
Mailing Address P O Box 19626		Transaction ID : SA11AI.12163
City Birmingham	State AL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Occupation Self Employed Cpa		Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Michael Hlywiak		Date of Receipt M / M / D D / Y - Y - Y - Y 08 / 05 / 2013
Mailing Address 6142 Talavera Court		Transaction ID : SA11AI.11853
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Occupation Retired Navy Officer Retired Navy Officer		Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

14020012092

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Marilyn Hodgell		Date of Receipt M M / D D / Y Y Y Y 08 03 2013	
Mailing Address 1327 Agape Way		Transaction ID : SA11AI.11782	
City Lafayette	State CO	Zip Code 80026	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Nanny		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Tom Holst		Date of Receipt M M / D D / Y Y Y Y 08 07 2013	
Mailing Address 338 Alpine Lane		Transaction ID : SA11AI.11281	
City Sonora	State CA	Zip Code 95370	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Mary Horton		Date of Receipt M M / D D / Y Y Y Y 08 07 2013	
Mailing Address 187 Scenic Trl		Transaction ID : SA11AI.11163	
City Oneonta	State AL	Zip Code 35121	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	750.00

14020012093

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Mary Horton			Date of Receipt M M / D D / Y Y Y Y 08 07 2013	
A. Mailing Address 187 Scenic Trl			Transaction ID : SA11AI.11898	
City Oneonta	State AL	Zip Code 35121	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) Brian Howard			Date of Receipt M M / D D / Y Y Y Y 08 05 2013	
B. Mailing Address 607 Forest Creek Circle			Transaction ID : SA11AI.11480	
City Greer	State SC	Zip Code 29651	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) Roddis Jones			Date of Receipt M M / D D / Y Y Y Y 08 08 2013	
C. Mailing Address 3531 NE24th CT			Transaction ID : SA11AI.12870	
City Renton	State WA	Zip Code 98056	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	

14020012094

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

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

FOR LINE NUMBER: PAGE 24 OF 81

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Full Name (Last, First, Middle Initial)
Harvey Kaminer

Mailing Address **678 Mountain Street**

City **Little Mountain** State **SC** Zip Code **29075**

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

Name of Employer **NEED** Occupation **NEED**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
M / M / D / D / Y - Y - Y - Y
09 07 2013

Transaction ID : **SA11AI.10863**

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Paul Kelley

Mailing Address **2530 Broadmoor Court**

City **Snellville** State **GA** Zip Code **30039**

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

Name of Employer **Shamrock Landscaping Services, Inc.** Occupation **Landscape Contractor**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **575.00**

Date of Receipt
M / M / D / D / Y - Y - Y - Y
09 30 2013

Transaction ID : **SA11AI.11747**

Amount of Each Receipt this Period
500.00

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

Mailing Address **2475 Canter Lane**

City **Johns Island** State **SC** Zip Code **29455**

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

Name of Employer **Kerr Property Management** Occupation **President**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M / M / D / D / Y - Y - Y - Y
09 12 2013

Transaction ID : **SA11AI.10868**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1800.00

14020012095

**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 81	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) John Kerrison			Date of Receipt M M / D D / Y Y - Y Y 08 / 14 / 2013	
Mailing Address 58 Rebellion Dr			Transaction ID : SA11AI.10798	
City	State	Zip Code	Amount of Each Receipt this Period	
Charleston	SC	29407	1000.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period	
Name of Employer			1000.00	
Occupation				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) David Keyston			Date of Receipt M M / D D / Y Y - Y Y 08 / 06 / 2013	
Mailing Address PO Box 5023			Transaction ID : SA11AI.11310	
City	State	Zip Code	Amount of Each Receipt this Period	
Bend	OR	97708	500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period	
Name of Employer			500.00	
Occupation				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) Michael Klinar			Date of Receipt M M / D D / Y Y - Y Y 08 / 03 / 2013	
Mailing Address 2819 Earlewood Drive			Transaction ID : SA11AI.11021	
City	State	Zip Code	Amount of Each Receipt this Period	
Columbia	SC	29201	500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period	
Name of Employer			500.00	
Occupation				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

14020012096

**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 81		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Robert Lange			Date of Receipt M M / D D / Y Y Y Y 08 02 2013	
Mailing Address Box 462			Transaction ID : SA11AI.11959	
City Blanchard	State PA	Zip Code 16826	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) Robert Lange			Date of Receipt M M / D D / Y Y Y Y 08 06 2013	
Mailing Address Box 462			Transaction ID : SA11AI.11521	
City Blanchard	State PA	Zip Code 16826	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 550.00		

Full Name (Last, First, Middle Initial) Philip Love, Jr			Date of Receipt M M / D D / Y Y Y Y Y Y 08 08 2013	
Mailing Address 224 Wood Duck Rd			Transaction ID : SA11AI.10772	
City Columbia	State SC	Zip Code 29223	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

14020012097

**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 81		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Anne Mace			Date of Receipt M M / D D / Y Y Y Y 09 01 2013	
Mailing Address 108 North Norfolk			Transaction ID : SA11AI.10854	
City Goose Creek	State SC	Zip Code 29442	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation		
Receipt For: <input 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. Anne Mace			Date of Receipt M M / D D / Y Y Y Y 09 27 2013	
Mailing Address 108 North Norfolk			Transaction ID : SA11AI.10849	
City Goose Creek	State SC	Zip Code 29442	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1050.00		

Full Name (Last, First, Middle Initial) C. Thomas McAlister			Date of Receipt M M / D D / Y Y Y Y 08 04 2013	
Mailing Address 33 Lombardi Lane			Transaction ID : SA11AI.11738	
City Hanahan	State SC	Zip Code 29410	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

14020012098

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Andrew McManimon			Date of Receipt M M / D D / Y Y Y Y 08 06 2013		
Mailing Address 2075 Linn Dr			Transaction ID : SA11AI.10903		
City	State	Zip Code	Amount of Each Receipt this Period		
Owatonna	MN	55060	250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

Full Name (Last, First, Middle Initial) B. Jim McManus			Date of Receipt M M / D D / Y Y Y Y 08 14 2013		
Mailing Address 88 Chestnut Street			Transaction ID : SA11AI.11327		
City	State	Zip Code	Amount of Each Receipt this Period		
Weston	MA	02493-0000	250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

Full Name (Last, First, Middle Initial) C. Jack Mcqueen			Date of Receipt M M / D D / Y Y Y Y 08 09 2013		
Mailing Address 1420 Flossie LN			Transaction ID : SA11AI.12671		
City	State	Zip Code	Amount of Each Receipt this Period		
Westminster	SC	29693	250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer		Occupation			
Day And Zimmerman		Electrician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

SUBTOTAL of Receipts This Page (optional)			750.00		
TOTAL This Period (last page this line number only)					

14020012099

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Robert McQueen		Date of Receipt M M / D D / Y Y Y Y 08 26 2013	
Mailing Address PO Box 511305		Transaction ID : SA11AI.10883	
City Punta Gorda	State FL	Zip Code 33951	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Allied Engineering	Occupation Owner		
Receipt For: <input 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. David Miller		Date of Receipt M M / D D / Y Y Y Y 08 07 2013	
Mailing Address 10029 Delemar Hwy		Transaction ID : SA11AI.10810	
City Summerville	State SC	Zip Code 29485	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self employed	Occupation Marine Chemist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. John Nix		Date of Receipt M M / D D / Y Y Y Y 09 26 2013	
Mailing Address 3003 Hillman Rd		Transaction ID : SA11AI.12032	
City Kinston	State NC	Zip Code 28504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Matrix East, Pllc	Occupation Professional Land Surveyor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	1750.00

14020012100

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Chris Panasuk			Date of Receipt M - M / D - D / Y - Y Y - Y Y 08 09 2013	
Mailing Address 419 6th Ave Ne			Transaction ID : SA11AI.11172	
City Glen Burnie	State MD	Zip Code 21060	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Fred J Patton			Date of Receipt M - M / D - D / Y - Y Y - Y Y 08 07 2013	
Mailing Address Box 462			Transaction ID : SA11AI.11377	
City Thomas	State OK	Zip Code 73669	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Bill Percival			Date of Receipt M - M / D - D / Y - Y Y - Y Y 08 07 2013	
Mailing Address 15 Crestline Road			Transaction ID : SA11AI.12009	
City Greenville	State SC	Zip Code 29609	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	2750.00

14020012101

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Philip Piel			Date of Receipt M M / D D / Y Y - Y Y 08 07 2013		
Mailing Address 215 Horizon Dr			Transaction ID : SA11AI.11598		
City Edison	State NJ	Zip Code 08817-0000	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer		Occupation	Amount of Each Receipt this Period 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	Amount of Each Receipt this Period 250.00		

Full Name (Last, First, Middle Initial) B. Donald Plunkett			Date of Receipt M M / D D / Y Y - Y Y 08 07 2013		
Mailing Address 6065 Lake Forrest Dr Suite 100			Transaction ID : SA11AI.10814		
City Atlanta	State GA	Zip Code 30328	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00		
Name of Employer Plunkett Commercial Properties		Occupation President	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	Amount of Each Receipt this Period 500.00		

Full Name (Last, First, Middle Initial) C. Daniel Ray			Date of Receipt M M / D D / Y Y - Y Y 08 05 2013		
Mailing Address 2001 North 8th Street			Transaction ID : SA11AI.12012		
City Springfield	State IL	Zip Code 62702	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	Amount of Each Receipt this Period 250.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

14020012102

**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 32 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Carol Reed		Date of Receipt M M / D D / Y Y Y Y 08 04 2013
Mailing Address 4232 Mat Morrow Rd.		Transaction ID : SA11AI.11864
City Arab	State AL	Zip Code 35016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Government	Occupation Administrative Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Belinda Roberts		Date of Receipt M M / D D / Y Y Y Y 09 24 2013
Mailing Address PO Box 41045		Transaction ID : SA11AI.10888
City Charleston	State SC	Zip Code 29423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Diana & Anthony Ruggiero		Date of Receipt M M / D D / Y Y Y Y 08 03 2013
Mailing Address 4001 Pelham Rd. Apt.282		Transaction ID : SA11AI.11138
City Greer	State SC	Zip Code 29650
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	750.00

14020012103

**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 81								
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 13c	<input type="checkbox"/> 13d	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 13c	<input type="checkbox"/> 13d	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Full Name (Last, First, Middle Initial) David Santos			Date of Receipt MM / DD / YYYY 08 / 07 / 2013		
Mailing Address 794 Halfmoon Hollow			Transaction ID : SA11AI.11740		
City Lilburn	State GA	Zip Code 30047	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer None		Occupation None	Election Cycle-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

B. Full Name (Last, First, Middle Initial) Todd Schevchik			Date of Receipt MM / DD / YYYY 08 / 07 / 2013		
Mailing Address 124 Deerglade Run			Transaction ID : SA11AI.10777		
City Lexington	State SC	Zip Code 29072	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00		
Name of Employer Lexington Life Magazine		Occupation Publisher	Election Cycle-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

C. Full Name (Last, First, Middle Initial) Joseph Schimberg			Date of Receipt MM / DD / YYYY 08 / 08 / 2013		
Mailing Address 3111 Pinney Woods Ln SE			Transaction ID : SA11AI.12890		
City Cedar Rapids	State IA	Zip Code 52403	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2600.00		
Name of Employer Schimberg Co.		Occupation Owner/Manager	Election Cycle-to-Date 2600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

SUBTOTAL of Receipts This Page (optional)	3850.00
TOTAL This Period (last page this line number only)	

14020012104

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Matt Schulz		Date of Receipt M M / D D / Y Y Y Y 08 05 2013
Mailing Address 1501 Taylor Oaks Cir. #308		Transaction ID : SA11AI.11525
City Montgomery	State AL Zip Code 36116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Occupation		
Receipt For: <input 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. Dan Somerby		Date of Receipt M M / D D / Y Y Y Y 08 06 2013
Mailing Address 10106 Walnut Glen		Transaction ID : SA11AI.11922
City Houston	State TX Zip Code 77064	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Insurance Agnet		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) C. Dan Somerby		Date of Receipt M M / D D / Y Y Y Y 08 26 2013
Mailing Address 10106 Walnut Glen		Transaction ID : SA11AI.11807
City Houston	State TX Zip Code 77064	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Occupation Insurance Agnet		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1110.00	

SUBTOTAL of Receipts This Page (optional).....	1510.00
TOTAL This Period (last page this line number only).....	1510.00

14020012105

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Britton Sprouse		Date of Receipt M M / D D / Y Y - Y Y 08 06 2013	
Mailing Address 284 Will Bryant Rd		Transaction ID : SA11AI.11826	
City Atlanta	State LA	Zip Code 71404	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Usmc	Occupation Marine		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) Steve Sweeney		Date of Receipt M M / D D / Y Y - Y Y 09 28 2013	
Mailing Address 5165 Via Valverde		Transaction ID : SA11AI.11505	
City Santa Barbara	State CA	Zip Code 93111	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) Winston Taylor		Date of Receipt M M / D D / Y Y - Y Y 08 07 2013	
Mailing Address PO Box 397		Transaction ID : SA11AI.10809	
City Spartanburg	State SC	Zip Code 29304	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	2750.00

14020012106

**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 36 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Kimberlee Timbrook Brown		Date of Receipt M M / D D / Y Y - Y Y 08 27 2013	
Mailing Address 1608-C Marsh Harbor Ln		Transaction ID : SA11AI.10853	
City State Zip Code Mount Pleasant SC 29464	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1025.00	
Name of Employer Occupation Doctor	Election Cycle-to-Date 1025.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1025.00		

Full Name (Last, First, Middle Initial) John Watkins		Date of Receipt M M / D D / Y Y - Y Y 09 16 2013	
Mailing Address 4150 Col Vanderhorst Circle		Transaction ID : SA11AI.11670	
City State Zip Code Mt Pleasant SC 29466	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Occupation	Election Cycle-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) John Watkins		Date of Receipt M M / D D / Y Y - Y Y 09 28 2013	
Mailing Address 4150 Col Vanderhorst Circle		Transaction ID : SA11AI.11671	
City State Zip Code Mt Pleasant SC 29466	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Occupation	Election Cycle-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

14020012107

**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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Full Name (Last, First, Middle Initial) Diane Westbrook		Date of Receipt M M / D D / Y Y Y Y 09 23 2013	
Mailing Address 2682 Heavens Ct		Transaction ID : SA11AI.11751	
City Fort Mill	State SC	Zip Code 29715	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

B. Full Name (Last, First, Middle Initial) R. Scott Woods		Date of Receipt M M / D D / Y Y Y Y 09 06 2013	
Mailing Address 913 Watermelon Run		Transaction ID : SA11AI.10862	
City Charleston	State SC	Zip Code 29412	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer South Carolina Federal Credit Union	Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

C. Full Name (Last, First, Middle Initial) Geraldine Wynn		Date of Receipt M M / D D / Y Y Y Y 08 08 2013	
Mailing Address 138 Turnverry Dr		Transaction ID : SA11AI.10778	
City Spartanburg	State SC	Zip Code 29306	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	

14020012108

**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 38 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Full Name (Last, First, Middle Initial) Nancy Yates		Date of Receipt M M / D D / Y Y - Y Y 08 02 2013	
Mailing Address 113 Kingswood Cir		Transaction ID : SA11A1.10774	
City State Zip Code Simpsonville SC 29681	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

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

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

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	60142.00

14020012109

**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 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. THE TEAPARTY LEADERSHIP FUND		Date of Receipt M - M / D - D / Y - Y - Y - Y 07 / 10 / 2013
Mailing Address 717 KING STREET SUITE 300		Transaction ID : SA11C.8392
City ALEXANDRIA	State VA	
FEC ID number of contributing federal political committee. C C00520825		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

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

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

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

14020012110

**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 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) NANCY MACE		Date of Receipt M - M / D - D / Y - Y - Y - Y 07 01 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8472
City	State Zip Code	
CHARLESTON	SC 29492	Amount of Each Receipt this Period 7.89 In-kind - food
FEC ID number of contributing federal political committee. C S4SC00281		
Name of Employer Candidate	Occupation Candidate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15.78	

Full Name (Last, First, Middle Initial) NANCY MACE		Date of Receipt M - M / D - D / Y - Y - Y - Y 07 01 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8474
City	State Zip Code	
CHARLESTON	SC 29492	Amount of Each Receipt this Period 11.29 In-kind - food
FEC ID number of contributing federal political committee. C S4SC00281		
Name of Employer Candidate	Occupation Candidate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 27.07	

Full Name (Last, First, Middle Initial) NANCY MACE		Date of Receipt M - M / D - D / Y - Y - Y - Y 07 01 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8486
City	State Zip Code	
CHARLESTON	SC 29492	Amount of Each Receipt this Period 24.00 In-kind - base camp online database
FEC ID number of contributing federal political committee. C S4SC00281		
Name of Employer Candidate	Occupation Candidate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 51.07	

SUBTOTAL of Receipts This Page (optional).....	43.18
TOTAL This Period (last page this line number only).....	

1402001211

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

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

FOR LINE NUMBER: PAGE 41 OF 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) NANCY MACE		Date of Receipt M M / D D / Y Y Y Y 07 01 2013
A. Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8488
City CHARLESTON	State SC	Zip Code 29492
FEC ID number of contributing federal political committee. C S4SC00281		Amount of Each Receipt this Period 125.00
Name of Employer Candidate	Occupation Candidate	In-kind - telephone
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 176.07	

Full Name (Last, First, Middle Initial) NANCY MACE		Date of Receipt M M / D D / Y Y Y Y 07 01 2013
B. Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8494
City CHARLESTON	State SC	Zip Code 29492
FEC ID number of contributing federal political committee. C S4SC00281		Amount of Each Receipt this Period 192.00
Name of Employer Candidate	Occupation Candidate	In-kind - mailing supplies
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 368.07	

Full Name (Last, First, Middle Initial) NANCY MACE		Date of Receipt M M / D D / Y Y Y Y 07 16 2013
C. Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8409
City CHARLESTON	State SC	Zip Code 29492
FEC ID number of contributing federal political committee. C S4SC00281		Amount of Each Receipt this Period 429.70
Name of Employer Candidate	Occupation Candidate	In-kind - hotel stay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 797.77	

SUBTOTAL of Receipts This Page (optional).....	746.70
TOTAL This Period (last page this line number only).....	

14020012112

**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 81	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D D / Y - Y Y . Y Y 07 17 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8412	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 451.80	
FEC ID number of contributing federal political committee. C S4SC00281			In-kind - airline ticket purchase	
Name of Employer Candidate	Occupation Candidate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1249.57		

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D D / Y - Y Y . Y Y 07 23 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8415	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 17.00	
FEC ID number of contributing federal political committee. C S4SC00281			In-kind - mailing supplies	
Name of Employer Candidate	Occupation Candidate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1266.57		

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D D / Y - Y Y . Y Y 08 01 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8476	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 14.95	
FEC ID number of contributing federal political committee. C S4SC00281			In-kind - Wufoo Database	
Name of Employer Candidate	Occupation Candidate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1281.52		

SUBTOTAL of Receipts This Page (optional).....	483.75
TOTAL This Period (last page this line number only).....	

14020012113

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

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

FOR LINE NUMBER: PAGE 43 OF 81
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M M / D D / Y Y - Y Y 08 01 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8482
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 24.00 In-kind - base camp online database
FEC ID number of contributing federal political committee. C S4SC00281			
Name of Employer Candidate	Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1305.52		

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M M / D D / Y Y - Y Y 08 01 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8490
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 125.00 In-kind - telephone
FEC ID number of contributing federal political committee. C S4SC00281			
Name of Employer Candidate	Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1430.52		

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M M / D D / Y Y - Y Y 08 03 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8406
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 211.23 In-kind - food
FEC ID number of contributing federal political committee. C S4SC00281			
Name of Employer Candidate	Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1641.75		

SUBTOTAL of Receipts This Page (optional).....	360.23
TOTAL This Period (last page this line number only).....	

14020012114

**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 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D - D / Y - Y - Y - Y 08 06 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8419	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 22.20 In-kind - food	
FEC ID number of contributing federal political committee. C S4SC00281				
Name of Employer Candidate		Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1663.95		

B. Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D - D / Y - Y - Y - Y 08 13 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8422	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 2.50 In-kind - mailing supplies	
FEC ID number of contributing federal political committee. C S4SC00281				
Name of Employer Candidate		Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1666.45		

C. Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D - D / Y - Y - Y - Y 08 14 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8425	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 32.56 In-kind - food	
FEC ID number of contributing federal political committee. C S4SC00281				
Name of Employer Candidate		Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1699.01		

SUBTOTAL of Receipts This Page (optional).....	57.26
TOTAL This Period (last page this line number only).....	

14020012115

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 81
	(check only one)	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M M / D D / Y Y Y Y 08 19 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8428
City	State	Zip Code	Amount of Each Receipt this Period 13.07 In-kind - food
CHARLESTON	SC	29492	
FEC ID number of contributing federal political committee. C S4SC00281			
Name of Employer Candidate	Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1712.08		

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M M / D D / Y Y Y Y 08 23 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8431
City	State	Zip Code	Amount of Each Receipt this Period 40.00 In-kind - printing of campaign material
CHARLESTON	SC	29492	
FEC ID number of contributing federal political committee. C S4SC00281			
Name of Employer Candidate	Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1752.08		

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M M / D D / Y Y Y Y 08 26 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8435
City	State	Zip Code	Amount of Each Receipt this Period 2.53 In-kind - food
CHARLESTON	SC	29492	
FEC ID number of contributing federal political committee. C S4SC00281			
Name of Employer Candidate	Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1754.61		

SUBTOTAL of Receipts This Page (optional).....	55.60
TOTAL This Period (last page this line number only).....	

14020012116

**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 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D - D / Y - Y - Y - Y 09 01 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8478	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 14.95 In-kind - Wufoo Database	
FEC ID number of contributing federal political committee. C S4SC00281				
Name of Employer Candidate		Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1769.56		

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D - D / Y - Y - Y - Y 09 01 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8484	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 24.00 In-kind - base camp online database	
FEC ID number of contributing federal political committee. C S4SC00281				
Name of Employer Candidate		Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1793.56		

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D - D / Y - Y - Y - Y 09 01 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8492	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 125.00 In-kind - telephone	
FEC ID number of contributing federal political committee. C S4SC00281				
Name of Employer Candidate		Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1918.56		

SUBTOTAL of Receipts This Page (optional).....	163.95
TOTAL This Period (last page this line number only).....	

14020012117

**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 47 OF 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE		Date of Receipt M - M / D - D / Y - Y - Y - Y 09 02 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8438	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 19.63 In-kind - food
FEC ID number of contributing federal political committee. C S4SC00281			
Name of Employer Candidate	Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1938.19		

Full Name (Last, First, Middle Initial) B. NANCY MACE		Date of Receipt M - M / D - D / Y - Y - Y - Y 09 02 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8441	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 57.33 In-kind - gas
FEC ID number of contributing federal political committee. C S4SC00281			
Name of Employer Candidate	Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1995.52		

Full Name (Last, First, Middle Initial) C. NANCY MACE		Date of Receipt M - M / D - D / Y - Y - Y - Y 09 03 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8444	
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 15.18 In-kind - food
FEC ID number of contributing federal political committee. C S4SC00281			
Name of Employer Candidate	Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2010.70		

SUBTOTAL of Receipts This Page (optional)	92.14
TOTAL This Period (last page this line number only)	

14020012118

**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 48 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D - D / Y - Y Y - Y 09 04 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8447
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C S4SC00281			In-kind - parking fees
Name of Employer Candidate	Occupation Candidate	Election Cycle-to-Date 2015.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D - D / Y - Y Y - Y 09 06 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8450
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 38.95
FEC ID number of contributing federal political committee. C S4SC00281			In-kind - mailing supplies
Name of Employer Candidate	Occupation Candidate	Election Cycle-to-Date 2054.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) NANCY MACE			Date of Receipt M - M / D - D / Y - Y Y - Y 09 09 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Transaction ID : SA11D.8453
City CHARLESTON	State SC	Zip Code 29492	Amount of Each Receipt this Period 6.91
FEC ID number of contributing federal political committee. C S4SC00281			In-kind - food
Name of Employer Candidate	Occupation Candidate	Election Cycle-to-Date 2061.56	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	50.86
TOTAL This Period (last page this line number only).....	

14020012119

**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 49 OF 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) NANCY MACE		Date of Receipt M M / D D / Y Y Y Y 09 09 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8456
City	State Zip Code	
CHARLESTON	SC 29492	Amount of Each Receipt this Period 28.66
FEC ID number of contributing federal political committee. C S4SC00281		In-kind - gas
Name of Employer Candidate	Occupation Candidate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2090.22	

Full Name (Last, First, Middle Initial) NANCY MACE		Date of Receipt M M / D D / Y Y Y Y 09 11 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8459
City	State Zip Code	
CHARLESTON	SC 29492	Amount of Each Receipt this Period 50.23
FEC ID number of contributing federal political committee. C S4SC00281		In-kind - gas
Name of Employer Candidate	Occupation Candidate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2140.45	

Full Name (Last, First, Middle Initial) NANCY MACE		Date of Receipt M M / D D / Y Y Y Y 09 12 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8462
City	State Zip Code	
CHARLESTON	SC 29492	Amount of Each Receipt this Period 20.51
FEC ID number of contributing federal political committee. C S4SC00281		In-kind - food
Name of Employer Candidate	Occupation Candidate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2160.96	

SUBTOTAL of Receipts This Page (optional).....	99.40
TOTAL This Period (last page this line number only).....	

14020012120

**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 50 OF 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE		Date of Receipt M M / D D / Y Y - Y Y 09 13 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8465	
City State Zip Code CHARLESTON SC 29492	Amount of Each Receipt this Period 21.46 In-kind - food		
FEC ID number of contributing federal political committee. C S4SC00281			
Name of Employer Candidate	Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2182.42		

Full Name (Last, First, Middle Initial) B. NANCY MACE		Date of Receipt M M / D D / Y Y - Y Y 09 23 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.8468	
City State Zip Code CHARLESTON SC 29492	Amount of Each Receipt this Period 17.44 In-kind - food		
FEC ID number of contributing federal political committee. C S4SC00281			
Name of Employer Candidate	Occupation Candidate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2199.86		

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

SUBTOTAL of Receipts This Page (optional).....	38.90
TOTAL This Period (last page this line number only).....	2191.97

14020012121

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. 37signals, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 02 2013
Mailing Address 30 North Racine Avenue Ste 200		Amount of Each Disbursement this Period 24.00
City Chicago	State IL Zip Code 60607	
Purpose of Disbursement Corresponds to an in-kind contribution for Basecamp Database		Transaction ID : SB17.8591
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. 37signals, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 02 2013
Mailing Address 30 North Racine Avenue Ste 200		Amount of Each Disbursement this Period 24.00
City Chicago	State IL Zip Code 60607	
Purpose of Disbursement Corresponds to an in-kind contribution for Basecamp Database		Transaction ID : SB17.8593
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. 37signals, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 02 2013
Mailing Address 30 North Racine Avenue Ste 200		Amount of Each Disbursement this Period 24.00
City Chicago	State IL Zip Code 60607	
Purpose of Disbursement Corresponds to an in-kind contribution for Basecamp Database		Transaction ID : SB17.8594
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

14020012122

**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 81			
	<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)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Active Engagement		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 44084 Riverside Parkway Suite 350		Amount of Each Disbursement this Period 1259.98 Transaction ID : SB17.4211
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Online Contribution Transaction Fee	
Candidate Name	003 Category/ Type	
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. Alchemy Food and Wine		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2013
Mailing Address 245 Seven Farms Drive		Amount of Each Disbursement this Period 21.46 Transaction ID : SB17.8584 [MEMO ITEM]
City Charleston State SC Zip Code 29429	Purpose of Disbursement Corresponds to an in-kind contribution for food	
Candidate Name	Category/ Type	
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) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013
Mailing Address 208 South Akard Street		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.8610 [MEMO ITEM]
City Dallas State TX Zip Code 75202	Purpose of Disbursement Corresponds to an in-kind contribution for telephone service	
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1259.98
TOTAL This Period (last page this line number only).....	

14020012123

**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 81	
	<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)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 02 2013
Mailing Address 208 South Akard Street		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.8612
City Dallas State TX Zip Code 75202	Purpose of Disbursement Corresponds to an in-kind contribution for telephone service	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 02 2013
Mailing Address 208 South Akard Street		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.8613
City Dallas State TX Zip Code 75202	Purpose of Disbursement Corresponds to an in-kind contribution for telephone service	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Atlanta Bread Company		Date of Disbursement M M / D D / Y Y Y Y 09 12 2013
Mailing Address 8966 University Blvd		Amount of Each Disbursement this Period 20.51 Transaction ID : SB17.8582
City Charleston State SC Zip Code 29418	Purpose of Disbursement Corresponds to an in-kind contribution for food	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020012124

**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 81

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. BEACON PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2013
Mailing Address P.O. BOX 171495		Amount of Each Disbursement this Period 885.95 Transaction ID : SB17.4220
City BOSTON	State MA	
Purpose of Disbursement List acquisition		003 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. BEACON PAC		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address P.O. BOX 171495		Amount of Each Disbursement this Period 20.41 Transaction ID : SB17.4229
City BOSTON	State MA	
Purpose of Disbursement List rental fees		003 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) C. BEACON PAC		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2013
Mailing Address P.O. BOX 171495		Amount of Each Disbursement this Period 22.68 Transaction ID : SB17.4232
City BOSTON	State MA	
Purpose of Disbursement List rental fees		003 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:	

SUBTOTAL of Disbursements This Page (optional).....	929.04
TOTAL This Period (last page this line number only).....	

14020012125

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Capitol Hill Hotel		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 200 C Street SE		Amount of Each Disbursement this Period 429.70 Transaction ID : SB17.8608 [MEMO ITEM]
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Corresponds to an in-kind contribution for a hotel stay	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. Carraba's Italian Grill		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2013
Mailing Address 2150 Northwoods Blvd Ste 100		Amount of Each Disbursement this Period 211.23 Transaction ID : SB17.8603 [MEMO ITEM]
City North Charleston	State SC	
Zip Code 29406	Purpose of Disbursement Corresponds to an in-kind contribution for food	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) C. Charleston County Parking		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address 90 Cumberland Street		Amount of Each Disbursement this Period 5.00 Transaction ID : SB17.8566 [MEMO ITEM]
City Charleston	State SC	
Zip Code 29401	Purpose of Disbursement Corresponds to an in-kind contribution for parking	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:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020012126

**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 81
	<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)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Chick Fil A		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 1301 North Kings Highway		Amount of Each Disbursement this Period 11.29
City Myrtle Beach	State SC	
Zip Code 29577		Transaction ID : SB17.8570
Purpose of Disbursement Corresponds to an in-kind contribution for food		
Candidate Name		Category/ Type
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Chick Fil A		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2013
Mailing Address 1301 North Kings Highway		Amount of Each Disbursement this Period 13.07
City Myrtle Beach	State SC	
Zip Code 29577		Transaction ID : SB17.8572
Purpose of Disbursement Corresponds to an in-kind contribution for food		
Candidate Name		Category/ Type
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Chick Fil A		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2013
Mailing Address 1301 North Kings Highway		Amount of Each Disbursement this Period 17.44
City Myrtle Beach	State SC	
Zip Code 29577		Transaction ID : SB17.8579
Purpose of Disbursement Corresponds to an in-kind contribution for food		
Candidate Name		Category/ Type
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:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020012127

**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 81	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. DB Capitol Strategies, PLLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 717 King Street Ste 300		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4213
City Alexandria	State VA	
Purpose of Disbursement Legal and compliance consulting	Zip Code 22314	Category/ Type 001
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. DB Capitol Strategies, PLLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2013
Mailing Address 717 King Street Ste 300		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4214
City Alexandria	State VA	
Purpose of Disbursement Legal and compliance consulting	Zip Code 22314	Category/ Type 001
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) C. Enmark		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 501 Island West Park		Amount of Each Disbursement this Period 28.66 Transaction ID : SB17.8595
City Bluffton	State SC	
Purpose of Disbursement Corresponds to an in-kind contribution for gas	Zip Code 29910	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:	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

14020012128

**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 81	
	<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)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Expedia, Inc.		Date of Disbursement MM / DD / YYYY 07 / 18 / 2013
Mailing Address 333 108th Avenue NE		Amount of Each Disbursement this Period 451.80 Transaction ID : SB17.8606
City Bellevue	State WA	
Zip Code 98004	Purpose of Disbursement Corresponds to an in-kind contribution for airfare	Category/ Type [MEMO ITEM]
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. Facebook		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.4187
City Menlo Park	State CA	
Zip Code 94026	Purpose of Disbursement Advertisement	Category/ Type 004
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) c. Glengary, Inc.		Date of Disbursement MM / DD / YYYY 08 / 26 / 2013
Mailing Address 4856 East Baseline Road Ste 103		Amount of Each Disbursement this Period 2162.28 Transaction ID : SB17.4228
City Mesa	State AZ	
Zip Code 85206	Purpose of Disbursement LIST RENTAL	Category/ Type 003
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:	

SUBTOTAL of Disbursements This Page (optional).....	2222.28
TOTAL This Period (last page this line number only).....	

14020012129

**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 81			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Grow Your Campaign, LLC		Date of Disbursement M / M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 717 King St Suite 300		Amount of Each Disbursement this Period 2522.93 Transaction ID : SB17.4208
City Alexandria	State VA	
Purpose of Disbursement Rev Share Contribution Transaction Fee		Category/ Type 003
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. Kagaroo Express		Date of Disbursement M / M / D D / Y Y Y Y 08 / 27 / 2013
Mailing Address 901 Island Park Drive		Amount of Each Disbursement this Period 57.33 Transaction ID : SB17.8601 [MEMO ITEM]
City Daniel Island	State SC	
Purpose of Disbursement Corresponds to an in-kind contribution for gas		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) c. Kagaroo Express		Date of Disbursement M / M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 901 Island Park Drive		Amount of Each Disbursement this Period 6.91 Transaction ID : SB17.8568 [MEMO ITEM]
City Daniel Island	State SC	
Purpose of Disbursement Corresponds to an in-kind contribution for food		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:	

SUBTOTAL of Disbursements This Page (optional).....	2522.93
TOTAL This Period (last page this line number only).....	

14020012130

**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 81	
	<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)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Kagaroo Express		Date of Disbursement MM / DD / YYYY 09 / 12 / 2013
Mailing Address 901 Island Park Drive		Amount of Each Disbursement this Period 50.23
City Daniel Island	State SC	
Zip Code 29492	Category/ Type	Transaction ID : SB17.8600
Purpose of Disbursement Corresponds to an in-kind contribution for gas	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: District:		

Full Name (Last, First, Middle Initial) B. Lil Cricket		Date of Disbursement MM / DD / YYYY 08 / 27 / 2013
Mailing Address 2320 Hwy 92		Amount of Each Disbursement this Period 2.53
City Enoree	State SC	
Zip Code 29335	Category/ Type	Transaction ID : SB17.8565
Purpose of Disbursement Corresponds to an in-kind contribution for food	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: District:		

Full Name (Last, First, Middle Initial) C. NANCY MACE		Date of Disbursement MM / DD / YYYY 07 / 01 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 192.00
City CHARLESTON	State SC	
Zip Code 29492	Category/ Type 001	Transaction ID : SB17.8495
Purpose of Disbursement In-kind - mailing supplies	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: SC District: 00		

SUBTOTAL of Disbursements This Page (optional).....	192.00
TOTAL This Period (last page this line number only).....	

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**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 81			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 429.70 Transaction ID : SB17.8410
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - hotel stay	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

Full Name (Last, First, Middle Initial) B. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 451.80 Transaction ID : SB17.8413
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - airline ticket purchase	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

Full Name (Last, First, Middle Initial) C. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 17.00 Transaction ID : SB17.8416
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - mailing supplies	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

SUBTOTAL of Disbursements This Page (optional).....	898.50
TOTAL This Period (last page this line number only).....	

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**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 81
	<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)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 14.95 Transaction ID : SB17.8477
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - Wufoo Database Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 001
State: SC District: 00		

Full Name (Last, First, Middle Initial) B. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 24.00 Transaction ID : SB17.8483
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - base camp online database Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 001
State: SC District: 00		

Full Name (Last, First, Middle Initial) C. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.8491
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - telephone Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 001
State: SC District: 00		

SUBTOTAL of Disbursements This Page (optional).....	163.95
TOTAL This Period (last page this line number only).....	

14020012133

**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 81			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 08 03 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 211.23 Transaction ID : SB17.8407
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

Full Name (Last, First, Middle Initial) B. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 08 06 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 22.20 Transaction ID : SB17.8420
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

Full Name (Last, First, Middle Initial) C. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 08 13 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 2.50 Transaction ID : SB17.8423
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - mailing supplies	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

SUBTOTAL of Disbursements This Page (optional).....	235.93
TOTAL This Period (last page this line number only).....	

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**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 08 14 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 32.56 Transaction ID : SB17.8426
City CHARLESTON State SC Zip Code 29492		
Purpose of Disbursement In-kind - food	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

Full Name (Last, First, Middle Initial) B. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 08 19 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 13.07 Transaction ID : SB17.8429
City CHARLESTON State SC Zip Code 29492		
Purpose of Disbursement In-kind - food	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

Full Name (Last, First, Middle Initial) C. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 08 23 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.8432
City CHARLESTON State SC Zip Code 29492		
Purpose of Disbursement In-kind - printing of campaign material	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

SUBTOTAL of Disbursements This Page (optional)..... 85.63
TOTAL This Period (last page this line number only).....

14020012135

**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 81	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE		Date of Disbursement MM / DD / YYYY 08 / 26 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 2.53 Transaction ID : SB17.8436
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. NANCY MACE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 14.95 Transaction ID : SB17.8479
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - Wufoo Database Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. NANCY MACE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 24.00 Transaction ID : SB17.8485
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - base camp online database Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	41.48
TOTAL This Period (last page this line number only).....	

14020012136

**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 81			
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 09 01 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.8493
City CHARLESTON State SC Zip Code 29492	001 Category/ Type	
Purpose of Disbursement In-kind - telephone		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 09 02 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 19.63 Transaction ID : SB17.8439
City CHARLESTON State SC Zip Code 29492	001 Category/ Type	
Purpose of Disbursement In-kind - food		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 09 02 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 57.33 Transaction ID : SB17.8442
City CHARLESTON State SC Zip Code 29492	001 Category/ Type	
Purpose of Disbursement In-kind - gas		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	201.96
TOTAL This Period (last page this line number only).....	

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**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 81	
	<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)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE			Date of Disbursement MM / DD / YYYY 09 / 03 / 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Amount of Each Disbursement this Period 15.18	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8445	
Purpose of Disbursement In-kind - food		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: SC	District: 00			

Full Name (Last, First, Middle Initial) B. NANCY MACE			Date of Disbursement MM / DD / YYYY 09 / 04 / 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Amount of Each Disbursement this Period 5.00	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8448	
Purpose of Disbursement In-kind - parking fees		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: SC	District: 00			

Full Name (Last, First, Middle Initial) C. NANCY MACE			Date of Disbursement MM / DD / YYYY 09 / 06 / 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Amount of Each Disbursement this Period 38.95	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8451	
Purpose of Disbursement In-kind - mailing supplies		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: SC	District: 00			

SUBTOTAL of Disbursements This Page (optional).....	59.13
TOTAL This Period (last page this line number only).....	

14020012138

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

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 09 09 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 6.91 Transaction ID : SB17.8454
City CHARLESTON State SC Zip Code 29492		
Purpose of Disbursement In-kind - food	001	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

Full Name (Last, First, Middle Initial) B. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 09 09 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 28.66 Transaction ID : SB17.8457
City CHARLESTON State SC Zip Code 29492		
Purpose of Disbursement In-kind - gas	001	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

Full Name (Last, First, Middle Initial) C. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 09 11 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 50.23 Transaction ID : SB17.8460
City CHARLESTON State SC Zip Code 29492		
Purpose of Disbursement In-kind - gas	001	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 00		

SUBTOTAL of Disbursements This Page (optional)..... 85.80

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

14020012139

**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 81	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 20.51 Transaction ID : SB17.8463
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 21.46 Transaction ID : SB17.8466
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. NANCY MACE		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 17.44 Transaction ID : SB17.8469
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	59.41
TOTAL This Period (last page this line number only).....	

14020012140

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Mellow Mushroom		Date of Disbursement M M / D D / Y Y Y Y 09 04 2013	
Mailing Address 1009 Gervais Street		Amount of Each Disbursement this Period 15.18	
City Columbia State SC Zip Code 29201	Purpose of Disbursement Corresponds to an in-kind contribution for food		
Candidate Name		Transaction ID : SB17.8576 [MEMO ITEM]	
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. Minutemen Press		Date of Disbursement M M / D D / Y Y Y Y 08 23 2013	
Mailing Address 129 A St James Ave		Amount of Each Disbursement this Period 40.00	
City Goose Creek State SC Zip Code 29445	Purpose of Disbursement Corresponds to an in-kind contribution for printing		
Candidate Name		Transaction ID : SB17.8599 [MEMO ITEM]	
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) C. Minutement Press		Date of Disbursement M M / D D / Y Y Y Y 09 10 2013	
Mailing Address 920 Houston Northcut		Amount of Each Disbursement this Period 295.58	
City Mt. Pleasant State SC Zip Code 29464	Purpose of Disbursement Print envelopes, thank you cards, and letterhead		
Candidate Name		Transaction ID : SB17.4199	
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:			
SUBTOTAL of Disbursements This Page (optional).....		295.58	
TOTAL This Period (last page this line number only).....			

14020012141

**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 71 OF 81	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Orlando's Pizza		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2013
Mailing Address 295 Seven Farms Drive		Amount of Each Disbursement this Period 22.20 Transaction ID : SB17.8586
City Charleston	State SC Zip Code 29429	
Purpose of Disbursement Corresponds to an in-kind contribution for food		Category/Type [MEMO ITEM]
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. Orlando's Pizza		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2013
Mailing Address 295 Seven Farms Drive		Amount of Each Disbursement this Period 32.56 Transaction ID : SB17.8597
City Charleston	State SC Zip Code 29429	
Purpose of Disbursement Corresponds to an in-kind contribution for food		Category/Type [MEMO ITEM]
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) C. Panera Bread		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2013
Mailing Address 108 East Blackstock Road		Amount of Each Disbursement this Period 19.63 Transaction ID : SB17.8580
City Spartanburg	State SC Zip Code 29369	
Purpose of Disbursement Corresponds to an in-kind contribution for food		Category/Type [MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020012142

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. PayPal		Date of Disbursement M M / D D / Y Y Y Y 09 29 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4161
City San Jose	State CA Zip Code 95131	
Purpose of Disbursement paypal fee		Category/ Type 003
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. Political Media, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 09 2013
Mailing Address 406 First Street, SE Third Floor		Amount of Each Disbursement this Period 618.75 Transaction ID : SB17.4241
City Washington	State DC Zip Code 20003	
Purpose of Disbursement LIST RENTAL		Category/ Type 003
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) C. Qwik Pack & Ship		Date of Disbursement M M / D D / Y Y Y Y 07 01 2013
Mailing Address 295 Seven Farms Dr		Amount of Each Disbursement this Period 192.00 Transaction ID : SB17.8602
City Daniel Island	State SC Zip Code 29492	
Purpose of Disbursement Corresponds to an in-kind contribution for mailing supplies		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:		

SUBTOTAL of Disbursements This Page (optional).....	658.75
TOTAL This Period (last page this line number only).....	

14020012143

**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 73 OF 81			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Qwik Pack & Ship		Date of Disbursement MM / DD / YYYY 07 / 24 / 2013
Mailing Address 295 Seven Farms Dr		Amount of Each Disbursement this Period 17.00
City Daniel Island	State SC	
Purpose of Disbursement Corresponds to an in-kind contribution for mailing supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Qwik Pack & Ship		Date of Disbursement MM / DD / YYYY 08 / 14 / 2013
Mailing Address 295 Seven Farms Dr		Amount of Each Disbursement this Period 2.50
City Daniel Island	State SC	
Purpose of Disbursement Corresponds to an in-kind contribution for mailing supplies.		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Qwik Pack & Ship		Date of Disbursement MM / DD / YYYY 09 / 07 / 2013
Mailing Address 295 Seven Farms Dr		Amount of Each Disbursement this Period 38.95
City Daniel Island	State SC	
Purpose of Disbursement Corresponds to an in-kind contribution for mailing supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020012144

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Revive America PAC		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2013
Mailing Address 211 North Union Street Ste 100		Amount of Each Disbursement this Period 204.15 Transaction ID : SB17.4226
City Alexandria	State VA	
Purpose of Disbursement List rental fees		Category/ Type 003
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. Revive America PAC		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2013
Mailing Address 211 North Union Street Ste 100		Amount of Each Disbursement this Period 11.34 Transaction ID : SB17.4234
City Alexandria	State VA	
Purpose of Disbursement List rental fees		Category/ Type 003
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) C. Starbucks		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 805 North Pine Street		Amount of Each Disbursement this Period 7.89 Transaction ID : SB17.8615 [MEMO ITEM]
City Spartanburg	State SC	
Purpose of Disbursement Corresponds to an in-kind contribution for food		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:	

SUBTOTAL of Disbursements This Page (optional).....	215.49
TOTAL This Period (last page this line number only).....	

14020012145

**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 75 OF 81		
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 2504.22 Transaction ID : SB17.12924
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Merchant fees	Candidate Name	Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. SurveyMonkey, Inc.		Date of Disbursement MM / DD / YYYY 08 / 02 / 2013
Mailing Address 285 Hamilton Avenue Ste 500		Amount of Each Disbursement this Period 14.95 Transaction ID : SB17.8573 [MEMO ITEM]
City Palo Alto	State CA Zip Code 94301	
Purpose of Disbursement Corresponds to an in-kind contribution for Wufoo Database	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. SurveyMonkey, Inc.		Date of Disbursement MM / DD / YYYY 09 / 02 / 2013
Mailing Address 285 Hamilton Avenue Ste 500		Amount of Each Disbursement this Period 14.95 Transaction ID : SB17.8575 [MEMO ITEM]
City Palo Alto	State CA Zip Code 94301	
Purpose of Disbursement Corresponds to an in-kind contribution for Wufoo Database	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2504.22
TOTAL This Period (last page this line number only).....	

14020012146

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. THE TEAPARTY LEADERSHIP FUND		Date of Disbursement M M / D D / Y Y Y Y 08 19 2013
Mailing Address 717 KING STREET SUITE 300		Amount of Each Disbursement this Period 1724.58 Transaction ID : SB17.4222
City ALEXANDRIA State VA Zip Code 22314	Category/ Type 003	
Purpose of Disbursement List acquisition	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. THE TEAPARTY LEADERSHIP FUND		Date of Disbursement M M / D D / Y Y Y Y 09 03 2013
Mailing Address 717 KING STREET SUITE 300		Amount of Each Disbursement this Period 100.28 Transaction ID : SB17.4231
City ALEXANDRIA State VA Zip Code 22314	Category/ Type 003	
Purpose of Disbursement List rental fees	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) C. THE TEAPARTY LEADERSHIP FUND		Date of Disbursement M M / D D / Y Y Y Y 09 09 2013
Mailing Address 717 KING STREET SUITE 300		Amount of Each Disbursement this Period 81.18 Transaction ID : SB17.4233
City ALEXANDRIA State VA Zip Code 22314	Category/ Type 003	
Purpose of Disbursement List rental fees	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:		

SUBTOTAL of Disbursements This Page (optional).....	1906.04
TOTAL This Period (last page this line number only).....	

14020012147

**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 77 OF 81			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. THE TEAPARTY LEADERSHIP FUND		Date of Disbursement M M / D D / Y Y Y Y 09 30 2013
Mailing Address 717 KING STREET SUITE 300		Amount of Each Disbursement this Period 16.72 Transaction ID : SB17.4239
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement List rental fees 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)	Category/Type 003
State: District:		

Full Name (Last, First, Middle Initial) B. Transaxt		Date of Disbursement M M / D D / Y Y Y Y 09 30 2013
Mailing Address 190 Monroe Avenue Ste 500		Amount of Each Disbursement this Period 1308.06 Transaction ID : SB17.4238
City Grand Rapids State MI Zip Code 49503	Purpose of Disbursement Merchant fees 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)	Category/Type 003
State: District:		

Full Name (Last, First, Middle Initial) C. Rebecca Walls		Date of Disbursement M M / D D / Y Y Y Y 08 26 2013
Mailing Address 182 Woodbrook Way		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4209
City Moncks Corner State SC Zip Code 29461	Purpose of Disbursement Administrative services 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)	Category/Type 001
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2824.78
TOTAL This Period (last page this line number only).....	

14020012148

**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 78 OF 81

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Rebecca Walls		Date of Disbursement M M / D D / Y Y Y Y 09 03 2013
Mailing Address 182 Woodbrook Way		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4202
City Moncks Corner	State SC	
Zip Code 29461	Purpose of Disbursement Administrative services	Category/ Type 001
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. Rebecca Walls		Date of Disbursement M M / D D / Y Y Y Y 09 13 2013
Mailing Address 182 Woodbrook Way		Amount of Each Disbursement this Period 135.08 Transaction ID : SB17.4195
City Moncks Corner	State SC	
Zip Code 29461	Purpose of Disbursement Expense reimbursement	Category/ Type 001
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) C. Rebecca Walls		Date of Disbursement M M / D D / Y Y Y Y 09 13 2013
Mailing Address 182 Woodbrook Way		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4201
City Moncks Corner	State SC	
Zip Code 29461	Purpose of Disbursement Administrative services	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional)..... 1135.08
TOTAL This Period (last page this line number only).....

14020012149

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Rebecca Walls		Date of Disbursement MM / DD / YYYY 09 / 16 / 2013
Mailing Address 182 Woodbrook Way		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4205
City Moncks Corner	State SC	
Zip Code 29461	Purpose of Disbursement Administrative services	Category/ Type 001
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. Rebecca Walls		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 182 Woodbrook Way		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4206
City Moncks Corner	State SC	
Zip Code 29461	Purpose of Disbursement Administrative services	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) C. WESTERN REPRESENTATION PAC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2013
Mailing Address 4856 E. BASELINE RD. SUITE 104		Amount of Each Disbursement this Period 3164.14 Transaction ID : SB17.4224
City MESA	State AZ	
Zip Code 85206	Purpose of Disbursement List rental fees	Category/ Type 003
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:	

SUBTOTAL of Disbursements This Page (optional).....	4164.14
TOTAL This Period (last page this line number only).....	

14020012150

**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 80 OF 81			
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. WESTERN REPRESENTATION PAC		Date of Disbursement M M / D D / Y Y Y Y 09 17 2013
Mailing Address 4856 E. BASELINE RD. SUITE 104		Amount of Each Disbursement this Period 4.54 Transaction ID : SB17.4235
City MESA State AZ Zip Code 85206	Purpose of Disbursement List rental fees	
Candidate Name	003 Category/Type	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. WESTERN REPRESENTATION PAC		Date of Disbursement M M / D D / Y Y Y Y 09 17 2013
Mailing Address 4856 E. BASELINE RD. SUITE 104		Amount of Each Disbursement this Period 603.36 Transaction ID : SB17.4236
City MESA State AZ Zip Code 85206	Purpose of Disbursement List rental fees	
Candidate Name	003 Category/Type	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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	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:		

SUBTOTAL of Disbursements This Page (optional).....	607.90
TOTAL This Period (last page this line number only).....	26270.00

14020012151

**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 81 OF 81			
	<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)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Ron Affott		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00
City	State Zip Code	
Purpose of Disbursement Contribution Refund	010	Transaction ID : SB20A.4204
Candidate Name	Category/ Type	
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name	Category/ Type	
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

14020012152

14020012153

EXPRESS MAIL
UNITED STATES POSTAL SERVICE

Mailing Envelope
For Domestic and International Use



U.S. POSTAGE
PAID
ALEXANDRIA, VA
PERMIT NO. 14
JAN 18 2004
\$16.05
00018010-10



EXTREMELY URGENT

Please Rush To Addressee



EXPRESS MAIL
UNITED STATES POSTAL SERVICE
Mailing Label
Label 11-B, March 2004
Post Office To Addressee



ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code: 22320

Date Accepted: 1/8/14

Time Accepted: 12:40 PM

Flat Rate or Weight: 14 lbs. 14 oz.

Scheduled Time of Delivery: 10:00 AM

Day of Delivery: 1st Day

Postage: \$16.05

Return Receipt Fee: \$16.05

Insurance Fee: \$

ODD Fee: \$

Total Postage Fees: \$16.05

Acceptance Emp. Initials: [Signature]

FROM: (PLEASE PRINT) PHONE 202-224-5431

DAN BACKER ESQ.
DB CAPITAL STRATEGIES
717 KING ST, ST. 300
ALEXANDRIA, VA 22314

JAN 09 2004

FOR PICKUP OR TRACKING
Visit WWW.USPS.COM
Call 1-800-222-1811

HOW TO USE:

1. Complete type of label required in customer's pouch.
2. Paymeter: Affix to upper right corner of label. For EMC Agency, account label.

PRESS HARD, YOU ARE MAKING 3 COPIES.

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
No. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
No. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
No. Day			

CUSTOMER USE ONLY

WAVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if delivery is made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and valid proof of delivery.

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. _____
Federal Agency Acct. No. or Postal Service Acct. No. _____

NO DELIVERY Weekend Holiday Mailer Signature

TO: (PLEASE PRINT) PHONE 202-224-0322

SENATE OFFICE OF PUBLIC RECORDS
222 HART BUILDING
WASHINGTON, DC 20510-7116

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
20510-7116

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

Express Mail collection box. For other pickup options visit usps.com/pickup.

pouch.

manufacturing characteristics.

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n that
fied
Ind

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 1-13-14
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

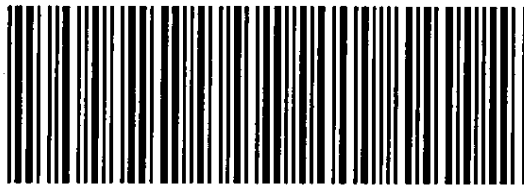
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 1-13-14

14020012154



14020012155