

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Warren Christopher

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	51238.44	51238.44
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	51238.44	51238.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23582.91	23582.91
(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)).....	23582.91	23582.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	27655.53	
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Warren Christopher

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

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).....	0.00	0.00
(ii) Unitemized	23385.83	23385.83
(iii) TOTAL of contributions from individuals	23385.83	23385.83
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	27852.61	27852.61
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	51238.44	51238.44
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).....	51238.44	51238.44

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23582.91	23582.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	23582.91	23582.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	51238.44
25. SUBTOTAL (add Line 23 and Line 24).....	51238.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23582.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	27655.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 11
	<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 Warren Christopher

A. Full Name (Last, First, Middle Initial)
WARREN CHRISTOPHER

Mailing Address 1907 TURLEYGREEN PLACE

City State Zip Code
UPPER MARLBORO MD 20774

FEC ID number of contributing federal political committee. **C** H4MD04113

Name of Employer Occupation
Retired Military

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 15 2015

Transaction ID : SA11D.4255

Amount of Each Receipt this Period
 27852.61

Candidate Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

27852.61

27852.61

**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 6 OF 11
	<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 Warren Christopher

Full Name (Last, First, Middle Initial) A. Darise Deale		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 137 National Plaza		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4251
City Oxon Hill State MD Zip Code 20745	Purpose of Disbursement In-kind - Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Friends of Warren Christopher		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 12138 Central Avenue Suite 971		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.4261
City Mitchellville State MD Zip Code 20774	Purpose of Disbursement VAN Purchase Fee Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 04	Category/Type 003	

Full Name (Last, First, Middle Initial) c. Friends of Warren Christopher		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 12138 Central Avenue Suite 971		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.4260
City Mitchellville State MD Zip Code 20774	Purpose of Disbursement Campaign Committee Bank Account Fees Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 04	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	5514.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11			
	<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 Warren Christopher

Full Name (Last, First, Middle Initial) A. Friends of Warren Christopher		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 12138 Central Avenue Suite 971		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4262
City Mitchellville State MD Zip Code 20774	Purpose of Disbursement Consulting Fees 001 Category/Type	
Candidate Name Friends of Warren Christopher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 04		

Full Name (Last, First, Middle Initial) B. Friends of Warren Christopher		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 12138 Central Avenue Suite 971		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4263
City Mitchellville State MD Zip Code 20774	Purpose of Disbursement Mail Chimp Fees 003 Category/Type	
Candidate Name Friends of Warren Christopher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 04		

Full Name (Last, First, Middle Initial) c. Friends of Warren Christopher		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 12138 Central Avenue Suite 971		Amount of Each Disbursement this Period 926.98 Transaction ID : SB17.4269
City Mitchellville State MD Zip Code 20774	Purpose of Disbursement Campaign Business Meetings Expenses 001 Category/Type	
Candidate Name Friends of Warren Christopher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 04		

SUBTOTAL of Disbursements This Page (optional).....	6076.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
	<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 Warren Christopher

Full Name (Last, First, Middle Initial) A. Friends of Warren Christopher		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 12138 Central Avenue Suite 971		Amount of Each Disbursement this Period 334.84 Transaction ID : SB17.4267
City Mitchellville State MD Zip Code 20774	Purpose of Disbursement Campaign T-shirts Order Category/Type 006	
Candidate Name Friends of Warren Christopher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 04		

Full Name (Last, First, Middle Initial) B. Friends of Warren Christopher		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 12138 Central Avenue Suite 971		Amount of Each Disbursement this Period 40.39 Transaction ID : SB17.4268
City Mitchellville State MD Zip Code 20774	Purpose of Disbursement Go Daddy Campaign Staff E-mails Category/Type 001	
Candidate Name Friends of Warren Christopher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 04		

Full Name (Last, First, Middle Initial) c. Friends of Warren Christopher		Date of Disbursement MM / DD / YYYY 09 / 13 / 2015
Mailing Address 12138 Central Avenue Suite 971		Amount of Each Disbursement this Period 298.37 Transaction ID : SB17.4266
City Mitchellville State MD Zip Code 20774	Purpose of Disbursement Venue and Food for Volunteer Call Event Category/Type 007	
Candidate Name Friends of Warren Christopher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 04		

SUBTOTAL of Disbursements This Page (optional).....	673.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11			
	<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 Warren Christopher

Full Name (Last, First, Middle Initial) A. Friends of Warren Christopher		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2015
Mailing Address 12138 Central Avenue Suite 971		Amount of Each Disbursement this Period 10.60 Transaction ID : SB17.4265
City Mitchellville State MD Zip Code 20774	Purpose of Disbursement Staples Supplies Category/Type 001	
Candidate Name Friends of Warren Christopher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 04		

Full Name (Last, First, Middle Initial) B. Friends of Warren Christopher		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 12138 Central Avenue Suite 971		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4264
City Mitchellville State MD Zip Code 20774	Purpose of Disbursement Mail Chimp Fees Category/Type 003	
Candidate Name Friends of Warren Christopher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 04		

Full Name (Last, First, Middle Initial) c. Friends of Warren Christopher		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 12138 Central Avenue Suite 971		Amount of Each Disbursement this Period 278.73 Transaction ID : SB17.4259
City Mitchellville State MD Zip Code 20774	Purpose of Disbursement Act Blue Service Fees Category/Type 003	
Candidate Name Friends of Warren Christopher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MD District: 04		

SUBTOTAL of Disbursements This Page (optional).....	439.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 11
	<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 Warren Christopher

Full Name (Last, First, Middle Initial) A. Aja Gaddie		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 4959 Parkside Avenue		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB17.4247
City Philadelphia	State PA Zip Code 19131	
Purpose of Disbursement In-kind - Services	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) B. Annette Leath-Burgess		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 12101 Guinevere Place		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4250
City Glenn Dale	State MD Zip Code 20769	
Purpose of Disbursement In-kind - Food and Beverages for Meet and Greet	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. Micah Sims		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 4959 Parkside Avenue		Amount of Each Disbursement this Period 2700.00 Transaction ID : SB17.4249
City Philadelphia	State PA Zip Code 19131	
Purpose of Disbursement In-kind - Services	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).....	5250.00
TOTAL This Period (last page this line number only).....	

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

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

Full Name (Last, First, Middle Initial) A. Leticia Smith			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address 5507 Fords Endeavor Drive			Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4253
City Bowie	State MD	Zip Code 20720	
Purpose of Disbursement In-kind - Services		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Tamara Ward			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 14201 Dormansville Blvd			Amount of Each Disbursement this Period 1929.00 Transaction ID : SB17.4252
City Upper Marlboro	State MD	Zip Code 20774	
Purpose of Disbursement In-kind - Services		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Kierran Young			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address 5047 Somerville Street			Amount of Each Disbursement this Period 2700.00 Transaction ID : SB17.4248
City Pittsburgh	State PA	Zip Code 15201	
Purpose of Disbursement In-kind - Services		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5629.00
TOTAL This Period (last page this line number only).....	23582.91