



**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
<b>6. Net Contributions (other than loans)</b>		
(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
<b>7. Net Operating Expenditures</b>		
(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
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>112321.88</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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 NANCY MACE**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	141429.89	141437.78

**DETAILED SUMMARY PAGE**  
of Disbursements

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. <b>TOTAL DISBURSEMENTS</b> (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

: 97 `A -G7 9 @C B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 H-CB

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 committed has amended this report to properly attribute contributions made to both the Primary and General elections.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 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	

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**

**A.** Full Name (Last, First, Middle Initial)  
**Ruth Anne Adams**

Mailing Address 1504 Kenwalt Drive

City Clemmons State NC Zip Code 27012

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2013

**Transaction ID : SA11AI.11041**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 424 Valley View Court

City Aledo State TX Zip Code 76008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.11553**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 8090

City Ruidoso State MI Zip Code 88355

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

Name of Employer Occupation  
NEED NEED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2013

**Transaction ID : SA11AI.10891**

Amount of Each Receipt this Period  
2600.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 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. Guy Bowers**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8090

City Ruidoso State MI Zip Code 88355

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

Name of Employer NEED Occupation NEED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2013

**Transaction ID : SA11AI.12927**

Amount of Each Receipt this Period  
2600.00

**B. Brent Boyd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 407 Collins Street

City Argyle State TX Zip Code 76226

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2013

**Transaction ID : SA11AI.11127**

Amount of Each Receipt this Period  
2500.00

**C. Michael Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5545 Faucette Rd

City Brown Summit State NC Zip Code 27214

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2013

**Transaction ID : SA11AI.11272**

Amount of Each Receipt this Period  
250.00

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

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

5350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 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) <b>A. Sonal Bullard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2013	
Mailing Address 4726 Layfield Drive		<b>Transaction ID : SA11AI.11933</b>	
City Dunwoody	State GA	Zip Code 30338	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Suntrust Bank	Occupation Strategist		
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) <b>B. Stephen Butler</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2013	
Mailing Address 87 Concord Dr		<b>Transaction ID : SA11AI.11599</b>	
City Madison	State CT	Zip Code 06443-0000	
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>C. Dustin Calhoun</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2013	
Mailing Address PO Box 2987		<b>Transaction ID : SA11AI.10791</b>	
City Lakeland	State FL	Zip Code 33806	
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		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 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)  
**Gary Campbell**

Mailing Address 207 Ashwood Dr.

City Decatur State AL Zip Code 35603

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : SA11AI.12090**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 124 Folly Rd Blvd

City Charleston State SC Zip Code 29407

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 03 / 2013

**Transaction ID : SA11AI.10770**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 124 Folly Rd Blvd

City Charleston State SC Zip Code 29407

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2013

**Transaction ID : SA11AI.11900**

Amount of Each Receipt this Period  
100.00

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

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

3100.00

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

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

FOR LINE NUMBER: PAGE 10 OF 81  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

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

Mailing Address 5806 Campbell St

City State Zip Code  
Hannahan SC 29410

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

Name of Employer Carr Properties 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  
 08 / 03 / 2013

**Transaction ID : SA11AI.10771**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 20 Randolph Road

City State Zip Code  
Chestnut Hill MA 02467-0000

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

Name of Employer Self Occupation Real Estate Manager

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2013

**Transaction ID : SA11AI.12738**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6805 W Commercial Blvd #312

City State Zip Code  
Lauderhill FL 33319

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

Name of Employer Us Xpress Occupation Otr Driver

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11AI.11842**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

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

FOR LINE NUMBER: 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 State Zip Code  
Katy TX 77450

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.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 State Zip Code  
Charleston SC 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  
500.00

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

**Transaction ID : SA11AI.10823**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 322 Garden Str

City State Zip Code  
Hoboken NJ 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  
1000.00

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

**Transaction ID : SA11AI.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

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

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

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

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

Mailing Address 2703 Coventry Ln.

City State Zip Code  
Waukesha WI 53188

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2013

**Transaction ID : SA11AI.11691**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 214 Apac Rd

City State Zip Code  
Aiken SC 29801

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

Name of Employer Occupation  
Usps Retired Rural Carrier

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2013

**Transaction ID : SA11AI.11857**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 4504 Hermosa Road

City State Zip Code  
Crestview FL 32539

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2013

**Transaction ID : SA11AI.11143**

Amount of Each Receipt this Period  
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 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) <b>Bill Cunningham</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2013
Mailing Address 13727 Kensal Green Dr		<b>Transaction ID : SA11AI.11955</b>
City Charlotte	State NC	
Zip Code 28278		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
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) <b>Bill Cunningham</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2013
Mailing Address 13727 Kensal Green Dr		<b>Transaction ID : SA11AI.11768</b>
City Charlotte	State NC	
Zip Code 28278		Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 285.00
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) <b>Harry Danik</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2013
Mailing Address 3358 West 130th		<b>Transaction ID : SA11AI.11639</b>
City Cleveland	State OH	
Zip Code 44111		Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Dial**

Mailing Address 8708 Wingard Rd.

City Waxhaw State NC Zip Code 28173

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

Name of Employer Self Occupation Restaurant Owner

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2013

**Transaction ID : SA11AI.12387**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 631 Reedy Rd.

City Conway State AR Zip Code 72034

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

Name of Employer FR Bell and Assoc Occupation Land/Industrail Surveyor

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2013

**Transaction ID : SA11AI.11412**

Amount of Each Receipt this Period  
25.00

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

Mailing Address Po Box 681694

City Franklin State TN Zip Code 37068

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

Name of Employer Wood & Hyde Leather Co Occupation Management

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.11803**

Amount of Each Receipt this Period  
1000.00

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

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

1275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 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)  
**Lewis Drumheller**

Mailing Address 1720 Cong. Dickinson Drive

City Montgomery State AL Zip Code 36109

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

Name of Employer Ala. Air National Guard Occupation Human Resources Officer

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2013

**Transaction ID : SA11Al.11809**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6 ADAMS DRIVE

City CRANBURY State NJ Zip Code 08512-0000

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11Al.11257**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5608 Silentbrook Ln

City Rolling Meadows State IL Zip Code 60008

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

Name of Employer None Occupation Accountant, Currently Not Working

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

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

**Transaction ID : SA11Al.12047**

Amount of Each Receipt this Period  
100.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 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) <b>A. Lisa Emeott</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2013
Mailing Address 5608 Silentbrook Ln		<b>Transaction ID : SA11AI.12537</b>
City Rolling Meadows	State IL	
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>B. Jan Esler-Rowe</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2013
Mailing Address 5101 SE PArk Street		<b>Transaction ID : SA11AI.11302</b>
City Mil	State OR	
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>C. Micahel Fox</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2013
Mailing Address 2752 Silver Oak Pl		<b>Transaction ID : SA11AI.11120</b>
City Escondido	State CA	
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	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 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)  
**Vicki S. Fry**

Mailing Address 11243 Via Andiamo

City Windermere State FL Zip Code 34786

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2013

**Transaction ID : SA11AI.10880**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 11 Rabbit Hollow Dr

City Candler State NC Zip Code 28715

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2013

**Transaction ID : SA11AI.11217**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 10006 Chestnut Creek Way

City Pearland State TX Zip Code 77584

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2013

**Transaction ID : SA11AI.10787**

Amount of Each Receipt this Period  
1300.00

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

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

2050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 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)  
**Donald Graham**

Mailing Address 7417 Grenfell Dr

City Las Vegas State NV Zip Code 89129

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : SA11AI.11493**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1200 Somerby Drive  
Apt.1916

City Mobile State AL Zip Code 36695

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

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.12863**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 264 Nw 119 Lane

City Coral Springs State FL Zip Code 33071

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.11687**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 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)  
**Tetyana Haddad**

Mailing Address 265 S Cranbrook Cross Rd

City Bloomfield Hills State MI Zip Code 48301

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

Name of Employer First Of Birmingham Occupation Secretary

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 27 / 2013**

**Transaction ID : SA11AI.12021**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 265 S Cranbrook Cross Rd

City Bloomfield Hills State MI Zip Code 48301

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

Name of Employer First Of Birmingham Occupation Secretary

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **335.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2013**

**Transaction ID : SA11AI.11729**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 1502 Kentwood Cir

City Charleston State SC Zip Code 29412

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

Name of Employer Rodney Hancock Real Estate Occupation Real Estate Sales

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 07 / 2013**

**Transaction ID : SA11AI.12028**

Amount of Each Receipt this Period  
**250.00**

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

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

**510.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 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)  
**Richard Hardison**

Mailing Address 3227 Capital Medical Blvd

City Tallahassee State FL Zip Code 32308

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2013

**Transaction ID : SA11AI.10939**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mike And Laura Harris**

Mailing Address 24 Dimmock Road

City Waterford State CT Zip Code 06385-0000

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2013

**Transaction ID : SA11AI.11653**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 86

City Rossville State IL Zip Code 60963

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2013

**Transaction ID : SA11AI.11398**

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

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

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

FOR LINE NUMBER: PAGE 21 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)  
**Ernest Keith Hill**

Mailing Address 1720 Cherokee Ave

City State Zip Code  
Gaffney SC 29340

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2013

**Transaction ID : SA11AI.11135**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P O Box 19626

City State Zip Code  
Birmingham AL 35219

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

Name of Employer Occupation  
Self Employed Cpa

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11AI.12163**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6142 Talavera Court

City State Zip Code  
Alexandria VA 22310

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

Name of Employer Occupation  
Retired Navy Officer Retired Navy Officer

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2013

**Transaction ID : SA11AI.11853**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 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)  
**Marilyn Hodgell**

Mailing Address 1327 Agape Way

City Lafayette State CO Zip Code 80026

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

Name of Employer Self Occupation Nanny

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 03 / 2013**

**Transaction ID : SA11AI.11782**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 338 Alpine Lane

City Sonora State CA Zip Code 95370

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 07 / 2013**

**Transaction ID : SA11AI.11281**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 187 Scenic Trl

City Oneonta State AL Zip Code 35121

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 07 / 2013**

**Transaction ID : SA11AI.11163**

Amount of Each Receipt this Period  
**250.00**

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

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

**750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 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)  
**Mary Horton**

Mailing Address 187 Scenic Trl

City State Zip Code  
Oneonta AL 35121

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2013

**Transaction ID : SA11Al.11898**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 607 Forest Creek Circle

City State Zip Code  
Greer SC 29651

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2013

**Transaction ID : SA11Al.11480**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3531 NE24th CT

City State Zip Code  
Renton WA 98056

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11Al.12870**

Amount of Each Receipt this Period  
250.00

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

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

525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 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) <b>A. Harvey Kaminer</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2013	
Mailing Address 678 Mountain Street		<b>Transaction ID : SA11AI.10863</b>	
City Little Mountain	State SC	Zip Code 29075	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer NEED	Occupation NEED		
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) <b>B. Paul Kelley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 2530 Broadmoor Court		<b>Transaction ID : SA11AI.11747</b>	
City Snellville	State GA	Zip Code 30039	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Shamrock Landscaping Services, Inc.	Occupation Landscape Contractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 575.00		

Full Name (Last, First, Middle Initial) <b>C. James Kerr</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2013	
Mailing Address 2475 Canter Lane		<b>Transaction ID : SA11AI.10868</b>	
City Johns Island	State SC	Zip Code 29455	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Kerr Property Management	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	_____



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 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)  
**John Kerrison**

Mailing Address 58 Rebellion Dr

City Charleston State SC Zip Code 29407

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2013

**Transaction ID : SA11AI.10798**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 5023

City Bend State OR Zip Code 97708

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2013

**Transaction ID : SA11AI.11310**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2819 Earlewood Drive

City Columbia State SC Zip Code 29201

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2013

**Transaction ID : SA11AI.11021**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 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) <b>A. Robert Lange</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2013
Mailing Address Box 462		<b>Transaction ID : SA11AI.11959</b>
City Blanchard	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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) <b>B. Robert Lange</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2013
Mailing Address Box 462		<b>Transaction ID : SA11AI.11521</b>
City Blanchard	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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) <b>C. Philip Love, Jr</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2013
Mailing Address 224 Wood Duck Rd		<b>Transaction ID : SA11AI.10772</b>
City Columbia	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 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	

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) <b>A. Anne Mace</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2013
Mailing Address 108 North Norfolk		<b>Transaction ID : SA11AI.10854</b>
City Goose Creek	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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>B. Anne Mace</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 108 North Norfolk		<b>Transaction ID : SA11AI.10849</b>
City Goose Creek	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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) <b>C. Thomas McAlister</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2013
Mailing Address 33 Lombardi Lane		<b>Transaction ID : SA11AI.11738</b>
City Hanahan	State SC	
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	

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

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

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

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**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew McManimon**

Mailing Address 2075 Linn Dr

City Owatonna State MN Zip Code 55060

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  
 08 / 06 / 2013

**Transaction ID : SA11AI.10903**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 88 Chestnut Street

City Weston State MA Zip Code 02493-0000

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  
 08 / 14 / 2013

**Transaction ID : SA11AI.11327**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1420 Flossie LN

City Westminster State SC Zip Code 29693

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

Name of Employer Occupation  
 Day And Zimmerman Electrician

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2013

**Transaction ID : SA11AI.12671**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 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	

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**

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

Mailing Address **PO Box 511305**

City <b>Punta Gorda</b>	State <b>FL</b>	Zip Code <b>33951</b>
----------------------------	--------------------	--------------------------

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

Name of Employer <b>Allied Engineering</b>	Occupation <b>Owner</b>
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		26		2013

**Transaction ID : SA11AI.10883**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **10029 Delemar Hwy**

City <b>Summerville</b>	State <b>SC</b>	Zip Code <b>29485</b>
----------------------------	--------------------	--------------------------

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

Name of Employer <b>self employed</b>	Occupation <b>Marine Chemist</b>
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		07		2013

**Transaction ID : SA11AI.10810**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **3003 Hillman Rd**

City <b>Kinston</b>	State <b>NC</b>	Zip Code <b>28504</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>Matrix East, Pllc</b>	Occupation <b>Professional Land Surveyor</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		26		2013

**Transaction ID : SA11AI.12032**

Amount of Each Receipt this Period  
**250.00**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 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) <b>A. Chris Panasuk</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2013	
Mailing Address 419 6th Ave Ne		<b>Transaction ID : SA11AI.11172</b>	
City Glen Burnie	State MD	Zip Code 21060	
FEC ID number of contributing federal political committee.		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>B. Fred J Patton</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2013	
Mailing Address Box 462		<b>Transaction ID : SA11AI.11377</b>	
City Thomas	State OK	Zip Code 73669	
FEC ID number of contributing federal political committee.		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>C. Bill Percival</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2013	
Mailing Address 15 Crestline Road		<b>Transaction ID : SA11AI.12009</b>	
City Greenville	State SC	Zip Code 29609	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2000.00	
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	

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

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

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

FOR LINE NUMBER: PAGE 31 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)  
**Philip Piel**

Mailing Address 215 Horizon Dr

City Edison State NJ Zip Code 08817-0000

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 07 / 2013

**Transaction ID : SA11AI.11598**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6065 Lake Forrest Dr  
Suite 100

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation  
Plunkett Commercial Properties President

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 07 / 2013

**Transaction ID : SA11AI.10814**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2001 North 8th Street

City Springfield State IL Zip Code 62702

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2013

**Transaction ID : SA11AI.12012**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 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)  
**Carol Reed**

Mailing Address 4232 Mat Morrow Rd.

City	State	Zip Code
Arab	AL	35016

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

Name of Employer	Occupation
Government	Administrative Assistant

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2013

**Transaction ID : SA11AI.11864**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 41045

City	State	Zip Code
Charleston	SC	29423

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

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : SA11AI.10888**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Diana & Anthony Ruggiero**

Mailing Address 4001 Pelham Rd. Apt.282

City	State	Zip Code
Greer	SC	29650

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

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2013

**Transaction ID : SA11AI.11138**

Amount of Each Receipt this Period  
250.00

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

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

750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 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) <b>David Santos</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2013
Mailing Address 794 Halfmoon Hollow		<b>Transaction ID : SA11AI.11740</b>
City Lilburn	State GA	
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)		

Full Name (Last, First, Middle Initial) <b>Todd Schevchik</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2013
Mailing Address 124 Deerglade Run		<b>Transaction ID : SA11AI.10777</b>
City Lexington	State SC	
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)		

Full Name (Last, First, Middle Initial) <b>Joseph Schimberg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2013
Mailing Address 3111 Pinney Woods Ln SE		<b>Transaction ID : SA11AI.12890</b>
City Cedar Rapids	State IA	
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)		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 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)  
**Matt Schulz**

Mailing Address 1501 Taylor Oaks Cir. #308

City Montgomery State AL Zip Code 36116

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  
 08 / 05 / 2013

**Transaction ID : SA11AI.11525**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 10106 Walnut Glen

City Houston State TX Zip Code 77064

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

Name of Employer Occupation  
Insurance Agnet

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2013

**Transaction ID : SA11AI.11922**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 10106 Walnut Glen

City Houston State TX Zip Code 77064

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

Name of Employer Occupation  
Insurance Agnet

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2013

**Transaction ID : SA11AI.11807**

Amount of Each Receipt this Period  
 10.00

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

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

1510.00

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

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

FOR LINE NUMBER: PAGE 35 OF 81  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

**A.** Full Name (Last, First, Middle Initial)  
**Britton Sprouse**

Mailing Address 284 Will Bryant Rd

City Atlanta State LA Zip Code 71404

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

Name of Employer Usmc Occupation Marine

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2013

**Transaction ID : SA11AI.11826**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 5165 Via Valverde

City Santa Barbara State CA Zip Code 93111

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2013

**Transaction ID : SA11AI.11505**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 397

City Spartanburg State SC Zip Code 29304

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2013

**Transaction ID : SA11AI.10809**

Amount of Each Receipt this Period  
500.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 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) <b>A. Kimberlee Timbrook Brown</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2013	
Mailing Address 1608-C Marsh Harbor Ln		<b>Transaction ID : SA11AI.10853</b>	
City Mount Pleasant	State SC	Zip Code 29464	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation Doctor	
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) <b>B. John Watkins</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2013	
Mailing Address 4150 Col Vanderhorst Circle		<b>Transaction ID : SA11AI.11670</b>	
City Mt Pleasant	State SC	Zip Code 29466	
FEC ID number of contributing federal political committee.		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>C. John Watkins</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2013	
Mailing Address 4150 Col Vanderhorst Circle		<b>Transaction ID : SA11AI.11671</b>	
City Mt Pleasant	State SC	Zip Code 29466	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 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)  
**Diane Westbrook**

Mailing Address 2682 Heavens Ct

City State Zip Code  
Fort Mill SC 29715

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

Name of Employer Occupation  
None

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : SA11AI.11751**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 913 Watermelon Run

City State Zip Code  
Charleston SC 29412

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

Name of Employer Occupation  
South Carolina Federal Credit Union President/CEO

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2013

**Transaction ID : SA11AI.10862**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 138 Turnverry Dr

City State Zip Code  
Spartanburg SC 29306

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

Name of Employer Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.10778**

Amount of Each Receipt this Period  
2600.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 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)  
**Nancy Yates**

Mailing Address 113 Kingswood Cir

City Simpsonville State SC Zip Code 29681

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2013

**Transaction ID : SA11Al.10774**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

60142.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

**A.** Full Name (Last, First, Middle Initial)  
**THE TEAPARTY LEADERSHIP FUND**

Mailing Address 717 KING STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2013

**Transaction ID : SA11C.8392**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 81	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY MACE**

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City CHARLESTON	State SC	Zip Code 29492
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate
----------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2013

**Transaction ID : SA11D.8472**

Amount of Each Receipt this Period

In-kind - food

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City CHARLESTON	State SC	Zip Code 29492
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate
----------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2013

**Transaction ID : SA11D.8474**

Amount of Each Receipt this Period

In-kind - food

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City CHARLESTON	State SC	Zip Code 29492
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate
----------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 01 / 2013

**Transaction ID : SA11D.8486**

Amount of Each Receipt this Period

In-kind - base camp online database

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 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) <b>A. NANCY MACE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		<b>Transaction ID : SA11D.8488</b>
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. <b>C S4SC00281</b>	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) <b>B. NANCY MACE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		<b>Transaction ID : SA11D.8494</b>
City Charleston    State SC    Zip Code 29492	Amount of Each Receipt this Period 192.00 In-kind - mailing supplies	
FEC ID number of contributing federal political committee. <b>C S4SC00281</b>	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) <b>C. NANCY MACE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		<b>Transaction ID : SA11D.8409</b>
City Charleston    State SC    Zip Code 29492	Amount of Each Receipt this Period 429.70 In-kind - hotel stay	
FEC ID number of contributing federal political committee. <b>C S4SC00281</b>	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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	746.70
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 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**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY MACE**

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City CHARLESTON	State SC	Zip Code 29492
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate
----------------------------	----------------------

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1249.57

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2013

**Transaction ID : SA11D.8412**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 451.80

In-kind - airline ticket purchase

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City CHARLESTON	State SC	Zip Code 29492
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate
----------------------------	----------------------

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1266.57

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2013

**Transaction ID : SA11D.8415**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 17.00

In-kind - mailing supplies

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City CHARLESTON	State SC	Zip Code 29492
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate
----------------------------	----------------------

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1281.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2013

**Transaction ID : SA11D.8476**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 14.95

In-kind - Wufoo Database

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

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

\_\_\_\_\_ 483.75

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 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**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY MACE**

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1305.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2013

**Transaction ID : SA11D.8482**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 24.00

In-kind - base camp online database

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1430.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2013

**Transaction ID : SA11D.8490**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 125.00

In-kind - telephone

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1641.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2013

**Transaction ID : SA11D.8406**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 211.23

In-kind - food

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

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

\_\_\_\_\_ 360.23

\_\_\_\_\_

**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 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) <b>A. NANCY MACE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		<b>Transaction ID : SA11D.8419</b>
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. <b>C S4SC00281</b>	Name of Employer Candidate    Occupation Candidate	In-kind - food
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1663.95	

Full Name (Last, First, Middle Initial) <b>B. NANCY MACE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		<b>Transaction ID : SA11D.8422</b>
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. <b>C S4SC00281</b>	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 1666.45	

Full Name (Last, First, Middle Initial) <b>C. NANCY MACE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		<b>Transaction ID : SA11D.8425</b>
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. <b>C S4SC00281</b>	Name of Employer Candidate    Occupation Candidate	In-kind - food
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1699.01	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.26
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 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**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY MACE**

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1712.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 19 / 2013**

**Transaction ID : SA11D.8428**

Amount of Each Receipt this Period  
**13.07**

In-kind - food

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1752.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 23 / 2013**

**Transaction ID : SA11D.8431**

Amount of Each Receipt this Period  
**40.00**

In-kind - printing of campaign material

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1754.61**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 26 / 2013**

**Transaction ID : SA11D.8435**

Amount of Each Receipt this Period  
**2.53**

In-kind - food

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

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

**55.60**

**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 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**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY MACE**

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1769.56**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 01 / 2013**

**Transaction ID : SA11D.8478**

Amount of Each Receipt this Period  
**14.95**

In-kind - Wufoo Database

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1793.56**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 01 / 2013**

**Transaction ID : SA11D.8484**

Amount of Each Receipt this Period  
**24.00**

In-kind - base camp online database

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1918.56**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 01 / 2013**

**Transaction ID : SA11D.8492**

Amount of Each Receipt this Period  
**125.00**

In-kind - telephone

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

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

**163.95**

**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 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**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY MACE**

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1938.19**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2013**

**Transaction ID : SA11D.8438**

Amount of Each Receipt this Period  
**19.63**

In-kind - food

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1995.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2013**

**Transaction ID : SA11D.8441**

Amount of Each Receipt this Period  
**57.33**

In-kind - gas

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2010.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 03 / 2013**

**Transaction ID : SA11D.8444**

Amount of Each Receipt this Period  
**15.18**

In-kind - food

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

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

**92.14**

**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**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY MACE**

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2015.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2013

**Transaction ID : SA11D.8447**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5.00

In-kind - parking fees

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2054.65

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2013

**Transaction ID : SA11D.8450**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 38.95

In-kind - mailing supplies

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2061.56

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

**Transaction ID : SA11D.8453**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 6.91

In-kind - food

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

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

\_\_\_\_\_ 50.86

\_\_\_\_\_



**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 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**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY MACE**

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2090.22**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 09 / 2013**

**Transaction ID : SA11D.8456**

Amount of Each Receipt this Period  
**28.66**

In-kind - gas

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2140.45**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 11 / 2013**

**Transaction ID : SA11D.8459**

Amount of Each Receipt this Period  
**50.23**

In-kind - gas

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

Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186

City	State	Zip Code
CHARLESTON	SC	29492

FEC ID number of contributing federal political committee. **C S4SC00281**

Name of Employer Candidate	Occupation Candidate

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2160.96**

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

**Transaction ID : SA11D.8462**

Amount of Each Receipt this Period  
**20.51**

In-kind - food

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

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

**99.40**

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 38.90
<b>TOTAL</b> This Period (last page this line number only).....	_____ 2191.97

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 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) <b>A. 37signals, LLC</b>		Date of Disbursement MM / DD / YYYY 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>B. 37signals, LLC</b>		Date of Disbursement MM / DD / YYYY 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) <b>c. 37signals, LLC</b>		Date of Disbursement MM / DD / YYYY 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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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) <b>A. Active Engagement</b>		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
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Online Contribution Transaction Fee	
Candidate Name	Category/Type 003	Transaction ID : SB17.4211
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>B. Alchemy Food and Wine</b>		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
City Charleston State SC Zip Code 29429	Purpose of Disbursement Corresponds to an in-kind contribution for food	
Candidate Name	Category/Type	Transaction ID : SB17.8584 [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>C. AT&amp;T</b>		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
City Dallas State TX Zip Code 75202	Purpose of Disbursement Corresponds to an in-kind contribution for telephone service	
Candidate Name	Category/Type	Transaction ID : SB17.8610 [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:	

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 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) <b>A. AT&amp;T</b>			Date of Disbursement MM / DD / YYYY 08 / 02 / 2013
Mailing Address 208 South Akard Street			Amount of Each Disbursement this Period 125.00
City Dallas	State TX	Zip Code 75202	
Purpose of Disbursement Corresponds to an in-kind contribution for telephone service		Category/ Type	<b>Transaction ID : SB17.8612</b>  <b>[MEMO ITEM]</b>
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>B. AT&amp;T</b>			Date of Disbursement MM / DD / YYYY 09 / 02 / 2013
Mailing Address 208 South Akard Street			Amount of Each Disbursement this Period 125.00
City Dallas	State TX	Zip Code 75202	
Purpose of Disbursement Corresponds to an in-kind contribution for telephone service		Category/ Type	<b>Transaction ID : SB17.8613</b>  <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 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) <b>A. BEACON PAC</b>		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 <b>Transaction ID : SB17.4220</b>
City BOSTON	State MA	
Zip Code 02117	Purpose of Disbursement List acquisition	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>B. BEACON PAC</b>		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 <b>Transaction ID : SB17.4229</b>
City BOSTON	State MA	
Zip Code 02117	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>C. BEACON PAC</b>		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 <b>Transaction ID : SB17.4232</b>
City BOSTON	State MA	
Zip Code 02117	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:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 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) <b>A. Capitol Hill Hotel</b>		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
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Corresponds to an in-kind contribution for a hotel stay	Transaction ID : SB17.8608
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carraba's Italian Grill</b>		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
City North Charleston	State SC	
Zip Code 29406	Purpose of Disbursement Corresponds to an in-kind contribution for food	Transaction ID : SB17.8603
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charleston County Parking</b>		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
City Charleston	State SC	
Zip Code 29401	Purpose of Disbursement Corresponds to an in-kind contribution for parking	Transaction ID : SB17.8566
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)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. Chick Fil A</b>		Date of Disbursement MM / DD / YYYY 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	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	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chick Fil A</b>		Date of Disbursement MM / DD / YYYY 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	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	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Chick Fil A</b>		Date of Disbursement MM / DD / YYYY 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	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	
State: District:		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 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) <b>A. DB Capitol Strategies, PLLC</b>			Date of Disbursement MM / DD / YYYY 07 / 16 / 2013
Mailing Address 717 King Street Ste 300			Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4213</b>
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement Legal and compliance consulting		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>B. DB Capitol Strategies, PLLC</b>			Date of Disbursement MM / DD / YYYY 07 / 30 / 2013
Mailing Address 717 King Street Ste 300			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4214</b>
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement Legal and compliance consulting		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>C. Enmark</b>			Date of Disbursement MM / DD / YYYY 09 / 10 / 2013
Mailing Address 501 Island West Park			Amount of Each Disbursement this Period 28.66 <b>Transaction ID : SB17.8595</b> <b>[MEMO ITEM]</b>
City Bluffton	State SC	Zip Code 29910	
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:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) <b>A. Expedia, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 333 108th Avenue NE		Amount of Each Disbursement this Period 451.80
City Bellevue State WA Zip Code 98004	Category/Type	
Purpose of Disbursement Corresponds to an in-kind contribution for airfare		Transaction ID : SB17.8606
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>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 60.00
City Menlo Park State CA Zip Code 94026	Category/Type 004	
Purpose of Disbursement Advertisement		Transaction ID : SB17.4187
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Glengary, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2013
Mailing Address 4856 East Baseline Road Ste 103		Amount of Each Disbursement this Period 2162.28
City Mesa State AZ Zip Code 85206	Category/Type 003	
Purpose of Disbursement LIST RENTAL		Transaction ID : SB17.4228
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 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) <b>A. Grow Your Campaign, LLC</b>			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	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17.4208	
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>B. Kagaroo Express</b>			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	
City Daniel Island	State SC	Zip Code 29492	Transaction ID : SB17.8601	
Purpose of Disbursement Corresponds to an in-kind contribution for gas		Category/ Type		
Candidate Name			[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>c. Kagaroo Express</b>			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	
City Daniel Island	State SC	Zip Code 29492	Transaction ID : SB17.8568	
Purpose of Disbursement Corresponds to an in-kind contribution for food		Category/ Type		
Candidate Name			[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:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 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) <b>A. Kagaroo Express</b>		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	Purpose of Disbursement Corresponds to an in-kind contribution for gas	Transaction ID : <b>SB17.8600</b>
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lil Cricket</b>		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	Purpose of Disbursement Corresponds to an in-kind contribution for food	Transaction ID : <b>SB17.8565</b>
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NANCY MACE</b>		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	Purpose of Disbursement In-kind - mailing supplies	Transaction ID : <b>SB17.8495</b>
Candidate Name	Category/Type 001	
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		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 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) <b>A. NANCY MACE</b>			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	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8410	
Purpose of Disbursement In-kind - hotel stay		001 Category/ Type		
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)			
State: SC District: 00				

Full Name (Last, First, Middle Initial) <b>B. NANCY MACE</b>			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	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8413	
Purpose of Disbursement In-kind - airline ticket purchase		001 Category/ Type		
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)			
State: SC District: 00				

Full Name (Last, First, Middle Initial) <b>C. NANCY MACE</b>			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	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8416	
Purpose of Disbursement In-kind - mailing supplies		001 Category/ Type		
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)			
State: SC District: 00				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 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) <b>A. NANCY MACE</b>			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	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8477	
Purpose of Disbursement In-kind - Wufoo Database		001 Category/ Type		
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)			
State: SC District: 00				

Full Name (Last, First, Middle Initial) <b>B. NANCY MACE</b>			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	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8483	
Purpose of Disbursement In-kind - base camp online database		001 Category/ Type		
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)			
State: SC District: 00				

Full Name (Last, First, Middle Initial) <b>C. NANCY MACE</b>			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	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8491	
Purpose of Disbursement In-kind - telephone		001 Category/ Type		
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)			
State: SC District: 00				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 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) <b>A. NANCY MACE</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 211.23 <b>Transaction ID : SB17.8407</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food Category/Type 001	
Candidate Name	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>B. NANCY MACE</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 22.20 <b>Transaction ID : SB17.8420</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food Category/Type 001	
Candidate Name	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>C. NANCY MACE</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 2.50 <b>Transaction ID : SB17.8423</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - mailing supplies Category/Type 001	
Candidate Name	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)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 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) <b>A. NANCY MACE</b>			Date of Disbursement MM / DD / YYYY 08 / 14 / 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Amount of Each Disbursement this Period 32.56	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8426	
Purpose of Disbursement In-kind - food		001 Category/ Type		
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)			
State: SC	District: 00			

Full Name (Last, First, Middle Initial) <b>B. NANCY MACE</b>			Date of Disbursement MM / DD / YYYY 08 / 19 / 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Amount of Each Disbursement this Period 13.07	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8429	
Purpose of Disbursement In-kind - food		001 Category/ Type		
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)			
State: SC	District: 00			

Full Name (Last, First, Middle Initial) <b>C. NANCY MACE</b>			Date of Disbursement MM / DD / YYYY 08 / 23 / 2013	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186			Amount of Each Disbursement this Period 40.00	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.8432	
Purpose of Disbursement In-kind - printing of campaign material		001 Category/ Type		
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)			
State: SC	District: 00			

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 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) <b>A. NANCY MACE</b>		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 <b>Transaction ID : SB17.8436</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food 001 Category/Type	
Candidate Name	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>B. NANCY MACE</b>		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 <b>Transaction ID : SB17.8479</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - Wufoo Database 001 Category/Type	
Candidate Name	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>C. NANCY MACE</b>		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 <b>Transaction ID : SB17.8485</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - base camp online database 001 Category/Type	
Candidate Name	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)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 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) <b>A. NANCY MACE</b>		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 201.96 <b>Transaction ID : SB17.8493</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - telephone 001 Category/Type	
Candidate Name	Office Sought: <input checked="" 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: SC District: 00		

Full Name (Last, First, Middle Initial) <b>B. NANCY MACE</b>		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 <b>Transaction ID : SB17.8439</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food 001 Category/Type	
Candidate Name	Office Sought: <input checked="" 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: SC District: 00		

Full Name (Last, First, Middle Initial) <b>C. NANCY MACE</b>		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 <b>Transaction ID : SB17.8442</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - gas 001 Category/Type	
Candidate Name	Office Sought: <input checked="" 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: SC District: 00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 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) <b>A. NANCY MACE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 15.18 <b>Transaction ID : SB17.8445</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food Category/Type 001	
Candidate Name	Office Sought: <input checked="" 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: SC District: 00		

Full Name (Last, First, Middle Initial) <b>B. NANCY MACE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 5.00 <b>Transaction ID : SB17.8448</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - parking fees Category/Type 001	
Candidate Name	Office Sought: <input checked="" 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: SC District: 00		

Full Name (Last, First, Middle Initial) <b>C. NANCY MACE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2013
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 38.95 <b>Transaction ID : SB17.8451</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - mailing supplies Category/Type 001	
Candidate Name	Office Sought: <input checked="" 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: SC District: 00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 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) <b>A. NANCY MACE</b>		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 <b>Transaction ID : SB17.8454</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - food Category/Type 001	
Candidate Name	Office Sought: <input checked="" 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: SC District: 00		

Full Name (Last, First, Middle Initial) <b>B. NANCY MACE</b>		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 <b>Transaction ID : SB17.8457</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - gas Category/Type 001	
Candidate Name	Office Sought: <input checked="" 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: SC District: 00		

Full Name (Last, First, Middle Initial) <b>C. NANCY MACE</b>		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 <b>Transaction ID : SB17.8460</b>
City CHARLESTON State SC Zip Code 29492	Purpose of Disbursement In-kind - gas Category/Type 001	
Candidate Name	Office Sought: <input checked="" 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: SC District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	85.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 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) <b>A. NANCY MACE</b>		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 <b>Transaction ID : SB17.8463</b>
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>B. NANCY MACE</b>		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 <b>Transaction ID : SB17.8466</b>
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>C. NANCY MACE</b>		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 <b>Transaction ID : SB17.8469</b>
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		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 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) <b>A. Mellow Mushroom</b>		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 295.58
City Columbia	State SC	
Zip Code 29201	Purpose of Disbursement Corresponds to an in-kind contribution for food	Transaction ID : SB17.8576 <b>[MEMO ITEM]</b>
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>B. Minutemen Press</b>		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	Transaction ID : SB17.8599 <b>[MEMO ITEM]</b>
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>C. Minutement Press</b>		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	Transaction ID : SB17.4199
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	295.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 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) <b>A. Orlando's Pizza</b>		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
City Charleston	State SC	
Zip Code 29429	Purpose of Disbursement Corresponds to an in-kind contribution for food	Transaction ID : SB17.8586
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Orlando's Pizza</b>		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
City Charleston	State SC	
Zip Code 29429	Purpose of Disbursement Corresponds to an in-kind contribution for food	Transaction ID : SB17.8597
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Panera Bread</b>		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
City Spartanburg	State SC	
Zip Code 29369	Purpose of Disbursement Corresponds to an in-kind contribution for food	Transaction ID : SB17.8580
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)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 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) <b>A. PayPal</b>		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
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement paypal fee	<b>Transaction ID : SB17.4161</b>
Candidate Name	Category/Type 003	
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>B. Political Media, Inc.</b>		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
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement LIST RENTAL	<b>Transaction ID : SB17.4241</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Qwik Pack &amp; Ship</b>		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
City Daniel Island	State SC	
Zip Code 29492	Purpose of Disbursement Corresponds to an in-kind contribution for mailing supplies	<b>Transaction ID : SB17.8602</b> <b>[MEMO ITEM]</b>
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:		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 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) <b>A. Qwik Pack &amp; Ship</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2013
Mailing Address 295 Seven Farms Dr		Amount of Each Disbursement this Period 17.00
City State Zip Code Daniel Island SC 29492	Purpose of Disbursement Corresponds to an in-kind contribution for mailing supplies	
Candidate Name	Category/Type	<b>Transaction ID : SB17.8578</b> <b>[MEMO ITEM]</b>
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>B. Qwik Pack &amp; Ship</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address 295 Seven Farms Dr		Amount of Each Disbursement this Period 2.50
City State Zip Code Daniel Island SC 29492	Purpose of Disbursement Corresponds to an in-kind contribution for mailing supplies.	
Candidate Name	Category/Type	<b>Transaction ID : SB17.8564</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Qwik Pack &amp; Ship</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2013
Mailing Address 295 Seven Farms Dr		Amount of Each Disbursement this Period 38.95
City State Zip Code Daniel Island SC 29492	Purpose of Disbursement Corresponds to an in-kind contribution for mailing supplies	
Candidate Name	Category/Type	<b>Transaction ID : SB17.8598</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 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) <b>A. Revive America PAC</b>		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 <b>Transaction ID : SB17.4226</b>
City Alexandria	State VA Zip Code 22314	
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>B. Revive America PAC</b>		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 <b>Transaction ID : SB17.4234</b>
City Alexandria	State VA Zip Code 22314	
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>c. Starbucks</b>		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 <b>Transaction ID : SB17.8615</b> <b>[MEMO ITEM]</b>
City Spartanburg	State SC Zip Code 29303	
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 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) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 2504.22
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Merchant fees	<b>Transaction ID : SB17.12924</b>
Candidate Name	Category/ Type 003	
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>B. SurveyMonkey, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013
Mailing Address 285 Hamilton Avenue Ste 500		Amount of Each Disbursement this Period 14.95
City Palo Alto	State CA	
Zip Code 94301	Purpose of Disbursement Corresponds to an in-kind contribution for Wufoo Database	<b>Transaction ID : SB17.8573</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. SurveyMonkey, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2013
Mailing Address 285 Hamilton Avenue Ste 500		Amount of Each Disbursement this Period 14.95
City Palo Alto	State CA	
Zip Code 94301	Purpose of Disbursement Corresponds to an in-kind contribution for Wufoo Database	<b>Transaction ID : SB17.8575</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 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) <b>A. THE TEAPARTY LEADERSHIP FUND</b>			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
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement List acquisition		Category/ Type 003	<b>Transaction ID : SB17.4222</b>
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>B. THE TEAPARTY LEADERSHIP FUND</b>			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
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement List rental fees		Category/ Type 003	<b>Transaction ID : SB17.4231</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. THE TEAPARTY LEADERSHIP FUND</b>			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
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement List rental fees		Category/ Type 003	<b>Transaction ID : SB17.4233</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 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) <b>A. THE TEAPARTY LEADERSHIP FUND</b>		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
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement List rental fees	Category/Type 003	<b>Transaction ID : SB17.4239</b>
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>B. Transaxt</b>		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
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement Merchant fees	Category/Type 003	<b>Transaction ID : SB17.4238</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rebecca Walls</b>		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
City Moncks Corner	State SC Zip Code 29461	
Purpose of Disbursement Administrative services	Category/Type 001	<b>Transaction ID : SB17.4209</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 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) <b>A. Rebecca Walls</b>			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	
City Moncks Corner	State SC	Zip Code 29461	Transaction ID : SB17.4202	
Purpose of Disbursement Administrative services		001 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>B. Rebecca Walls</b>			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	
City Moncks Corner	State SC	Zip Code 29461	Transaction ID : SB17.4195	
Purpose of Disbursement Expense reimbursement		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Rebecca Walls</b>			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	
City Moncks Corner	State SC	Zip Code 29461	Transaction ID : SB17.4201	
Purpose of Disbursement Administrative services		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 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) <b>A. Rebecca Walls</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 182 Woodbrook Way		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4205</b>
City Moncks Corner	State SC Zip Code 29461	
Purpose of Disbursement Administrative services	Candidate Name	Category/Type 001
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>B. Rebecca Walls</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 182 Woodbrook Way		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4206</b>
City Moncks Corner	State SC Zip Code 29461	
Purpose of Disbursement Administrative services	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>C. WESTERN REPRESENTATION PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2013
Mailing Address 4856 E. BASELINE RD. SUITE 104		Amount of Each Disbursement this Period 3164.14 <b>Transaction ID : SB17.4224</b>
City MESA	State AZ Zip Code 85206	
Purpose of Disbursement List rental fees	Candidate Name	Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 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) <b>A. WESTERN REPRESENTATION PAC</b>		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 <b>Transaction ID : SB17.4235</b>
City MESA State AZ Zip Code 85206	Purpose of Disbursement List rental fees Candidate Name Category/Type 003	
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>B. WESTERN REPRESENTATION PAC</b>		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 <b>Transaction ID : SB17.4236</b>
City MESA State AZ Zip Code 85206	Purpose of Disbursement List rental fees Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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) <b>A. Ron Affott</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.4204</b>
City	State Zip Code	
Purpose of Disbursement Contribution Refund	Category/ Type 010	
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>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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