

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
**Mooney for Congress**

ADDRESS (number and street) PO Box 1863  
 Check if different than previously reported. (ACC) Martinsburg WV 25402

2. **FEC IDENTIFICATION NUMBER** ▼ C C00506774 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) CITY STATE ZIP CODE STATE ▼ DISTRICT 02

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2013 through M M / D D / Y Y Y Y 12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Edward Wilson  
Signature of Treasurer Edward Wilson *[Electronically Filed]* Date M M / D D / Y Y Y Y 01 / 30 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Mooney for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	190062.61	361310.61
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	190062.61	361310.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	72552.63	96909.87
(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)).....	72552.63	96909.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	301140.56	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Mooney for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	153421.00	283371.00
(ii) Unitemized.....	19543.61	33653.61
(iii) TOTAL of contributions from individuals ▶	172964.61	317024.61
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	17098.00	44286.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	190062.61	361310.61
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	190062.61	361310.61

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72552.63	96909.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	500.00	500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	73052.63	97409.87

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	184130.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	190062.61
25. SUBTOTAL (add Line 23 and Line 24).....	374193.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	73052.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	301140.56

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID ABRAMOWITZ**

Mailing Address 12 STONY POINT RD.

City CHARLESTON State WV Zip Code 25314-1670

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

Name of Employer KANAWHA VALLEY RADIOLOGISTS, INC. Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11.1075**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 4912 43RD PLACE, NW

City WASHINGTON State DC Zip Code 20016-4023

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : SA11.1063**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address PO BOX 1535

City MARTINSBURG State WV Zip Code 25402-1535

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

Name of Employer KLAASSE HOMES Occupation REAL ESTATE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.777**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**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 6 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MAXIMO ALVAREZ**

Mailing Address 1650 NW 8TH AVE.

City MIAMI State FL Zip Code 33172-

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

Name of Employer SUSSHINE GASOLINE DISTRIBUTORS Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1186**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 401 WILSHIRE BLVD STE 700

City SANTA MONICA State CA Zip Code 90401-1452

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

Name of Employer MACERICH Occupation VICE CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11.911**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 9639 DOCTOR PERRY ROAD, SUITE 208

City IJAMSVILLE State MD Zip Code 21754-8758

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

Name of Employer ATTORNEY Occupation ANDREWS & LAWRENCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 23 / 2013

**Transaction ID : SA11.1010**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 7 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JORGE L. ARRIZURIETA**

Mailing Address 1118 PLACETAS AVENUE

City State Zip Code  
CORAL GABLES FL 33146-3241

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

Name of Employer Occupation  
ARRIZURIETA AND ASSOC LLC BUSINESSMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1201**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 4148 ROBIN RD

City State Zip Code  
JACKSON MS 39206-5847

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

Name of Employer Occupation  
SRG CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11.1154**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 807 HOMESTEAD LN.

City State Zip Code  
CROWNSVILLE MD 21032-1016

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

Name of Employer Occupation  
RELIABLE CONTRACTING COMPANY TREASURER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 04 / 2013

**Transaction ID : SA11.666**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KIMBERLY BELLISSIMO**

Mailing Address 1155 15TH ST. NW,  
SUITE 410

City WASHINGTON State DC Zip Code 20005-2748

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

Name of Employer BASE CONNECT Occupation MARKETING EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 23 / 2013

**Transaction ID : SA11.628**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address P.O. BOX 3123

City CORAL GABLES State FL Zip Code 33114-

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1249**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

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

Mailing Address 3128 NORTH 17TH STREET

City ARLINGTON State VA Zip Code 22201-5202

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

Name of Employer THE LEADERSHIP INSTITUTE Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : SA11.1009**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MORTON BLACKWELL**

Mailing Address **3128 NORTH 17TH STREET**

City **ARLINGTON** State **VA** Zip Code **22201-5202**

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

Name of Employer **THE LEADERSHIP INSTITUTE** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.1177**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES BLATCHFORD, JR.**

Mailing Address **611 ANDOVER RD**

City **NEWTOWN SQUARE** State **PA** Zip Code **19073-1403**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 13 / 2013**

**Transaction ID : SA11.881**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **9026 ELIZABETH RD**

City **HOUSTON** State **TX** Zip Code **77055-6505**

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

Name of Employer **SQUARE MILE ENGERY** Occupation **GEOLOGIST/PART OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.1204**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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 10 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JULIA BOLES**

Mailing Address 288 ARBOLADA DR

City: ARCADIA State: CA Zip Code: 91006-2232

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

Name of Employer: NONE Occupation: HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 12 / 20 / 2013

**Transaction ID : SA11.1391**

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

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

Mailing Address 288 ARBOLADA DRIVE

City: ARCADIA State: CA Zip Code: 91006-2232

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

Name of Employer: KIRKLAND & ELLIS Occupation: ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 12 / 20 / 2013

**Transaction ID : SA11.1152**

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

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

Mailing Address 9651 OLD NATIONAL PIKE

City: HAGERSTOWN State: MD Zip Code: 21740-1553

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

Name of Employer: EWING OIL COMPANY Occupation: EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 04 / 2013

**Transaction ID : SA11.706**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

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

5700.00

**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 11 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BARBARA BOWIE-WHITMAN**

Mailing Address 4326 UPLAND DRIVE

City State Zip Code  
ALEXANDRIA VA 22310-1330

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

Name of Employer Occupation  
SELF CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1206**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 1455 OCEAN DR. APT. 1697

City State Zip Code  
MIAMI BEACH FL 33139-4141

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

Name of Employer Occupation  
LSN PARTNERS CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2013

**Transaction ID : SA11.1171**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

Mailing Address 12315 COUNTRY VIEW DR.

City State Zip Code  
CLEAR SPRING MD 21722-1612

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

Name of Employer Occupation  
BRAGUNIER MASONRY OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2013

**Transaction ID : SA11.1133**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**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 12 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CAROLE BROWN**

Mailing Address 136 ISLAND CREEK DR

City INDIAN RIVER SHORES State FL Zip Code 32963-3301

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.1061**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 1 W 67TH ST

City NEW YORK State NY Zip Code 10023-6200

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

Name of Employer RETIRED Occupation DANCER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.1062**

Amount of Each Receipt this Period  
 305.00

CONTRIBUTION

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

Mailing Address 1614 HALAMA ST

City KIHEI State HI Zip Code 96753-8051

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

Name of Employer SELF-EMPLOYED Occupation FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : SA11.1036**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

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

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

3905.00

**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 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. GEORGE BUSS**

Mailing Address 12640 MILLSTREAM DR

City State Zip Code  
BOWIE MD 20715-1621

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.760**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

Mailing Address 12640 MILLSTREAM DR

City State Zip Code  
BOWIE MD 20715-1621

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11.951**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address 3636 MCCOURTNEY RD.

City State Zip Code  
LINCOLN CA 95648-9716

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

Name of Employer Occupation  
SELF DENTIST-RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2013

**Transaction ID : SA11.651**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 14 OF 87  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)  
**ROGER A. CAMPOS**  
 Mailing Address 400 OLD ORCHARD RD.  
 City State Zip Code  
**BALTIMORE MD 21229-2440**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**MINORITY BUSINESS ROUND TABLE PRESIDENT & CEO**  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 12 2013**  
**Transaction ID : SA11.653**  
 Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**SUE M. CANNON**  
 Mailing Address 6420 WEST LAKERIDGE RD.  
 City State Zip Code  
**LAKEWOOD CO 80227-3909**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**NONE RETIRED**  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 26 2013**  
**Transaction ID : SA11.989**  
 Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**PRESTON C. CARUTHERS**  
 Mailing Address 4600 NORTH FAIRFAX DR.  
 City State Zip Code  
**ARLINGTON VA 22203-1553**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
**NONE RETIRED**  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 29 2013**  
**Transaction ID : SA11.1140**  
 Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

**3250.00**

**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 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN CHATWIN**

Mailing Address 6608 INDEPENDENCE AVE

City Springfield State VA Zip Code 22151-3844

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

Name of Employer PFI Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1184**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 3716 MAPLEWOOD AVE.

City Dallas State TX Zip Code 75205-2827

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

Name of Employer NONE Occupation NONE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11.1108**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 43538 GOLDEN MEADOW CIRCLE

City Ashburn State VA Zip Code 20147-5421

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

Name of Employer STEPHEN CLOUSE & ASSOC., INC. Occupation MARKETING CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.1005**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 16 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN P. COGGESHALL**

Mailing Address 600 RIVERA BAY DR. NE

City State Zip Code  
ST. PETERSBURG FL 33702-2710

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 13 / 2013

**Transaction ID : SA11.877**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 785

City State Zip Code  
CHARLES TOWN WV 25414-0785

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

Name of Employer Occupation  
MOONEY FOR CONGRESS EXECUTIVE ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1296**

Amount of Each Receipt this Period  
1300.00  
CONTRIBUTION

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

Mailing Address 5325 WESTBARD AVE. APT. 823

City State Zip Code  
BETHESDA MD 20816-4419

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 11 / 2013

**Transaction ID : SA11.838**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOE CRAW**

Mailing Address 2614 MONOCACY FORD RD.

City: FREDERICK State: MD Zip Code: 21701-6809

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 31 / 2013

**Transaction ID : SA11.1242**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 8770 SUNSET DRIVE # 355

City: MIAMI State: FL Zip Code: 33173-3512

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1600.00

Date of Receipt: 12 / 18 / 2013

**Transaction ID : SA11.1069**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 8770 SUNSET DRIVE # 355

City: MIAMI State: FL Zip Code: 33173-3512

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1600.00

Date of Receipt: 12 / 30 / 2013

**Transaction ID : SA11.1221**

Amount of Each Receipt this Period: 600.00

CONTRIBUTION

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

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

1850.00

**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 87
	<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)  
**Mooney for Congress**

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

Mailing Address 1233 W. MOUNT ROYAL AVE.

City Baltimore State MD Zip Code 21217-4176

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.749**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 20709 BURNT WOODS DRIVE

City GERMANTOWN State MD Zip Code 20874-3923

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

Name of Employer JOHN HOPKINS UNIVERSITY Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1173**

Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

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

Mailing Address 20709 BURNT WOODS DRIVE

City GERMANTOWN State MD Zip Code 20874-3923

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

Name of Employer JOHN HOPKINS UNIVERSITY Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 04 / 2013

**Transaction ID : SA11.714**

Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

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

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

650.00

**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 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT E. DORSEY**

Mailing Address 2066 LORD BALTIMORE

City State Zip Code  
BALTIMORE MD 21244-2501

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

Name of Employer Occupation  
MERRITT PROPERTIES OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2013

**Transaction ID : SA11.1131**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 2627 SOUTH BAYSHORE APT. 2701

City State Zip Code  
MIAMI FL 33133-5449

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

Name of Employer Occupation  
GREENBERG TRAURIG ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2013

**Transaction ID : SA11.1168**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 9010 CONGRESSIONAL PKWY

City State Zip Code  
POTOMAC MD 20854-4610

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

Name of Employer Occupation  
EMPOWER IT, INC. DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2013

**Transaction ID : SA11.1228**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2500.00

**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 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KRISTIN DUCOTE**

Mailing Address 1276 VENETIAN WAY

City State Zip Code  
MIAMI BEACH FL 33139-1144

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

Name of Employer Occupation  
SELF EMPLOYED AUTHOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2013

**Transaction ID : SA11.1170**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address 4295 NEITZEY PLACE

City State Zip Code  
ALEXANDRIA VA 22309-3070

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 11 / 2013

**Transaction ID : SA11.830**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 1315 HAWKINS LN

City State Zip Code  
ANAPOLIS MD 21401-4212

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

Name of Employer Occupation  
RAYTHEON ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2013

**Transaction ID : SA11.1160**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRUCE EBERLE**

Mailing Address 1449 MONTAGUE DR.

City State Zip Code  
VIENNA VA 22182-1440

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

Name of Employer Occupation  
EBERLE COMMUNICATIONS GROUP, INC. DIRECT MARKETING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.1041**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 2016 MONTICELLO DR.

City State Zip Code  
ANNAPOLIS MD 21401-3178

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

Name of Employer Occupation  
KING AND SPALDING SENIOR COUNSELOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2013

**Transaction ID : SA11.638**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARIO A. ESPOSITO**

Mailing Address 1012 S LOOMIE ST, UNIT B

City State Zip Code  
CHICAGO IL 60607-4681

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2013

**Transaction ID : SA11.636**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARIO A. ESPOSITO**

Mailing Address 1012 S LOOMIE ST, UNIT B

City CHICAGO State IL Zip Code 60607-4681

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 04 / 2013

**Transaction ID : SA11.707**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address 4117 WATERVIEW DRIVE

City EDGEWATER State MD Zip Code 21037-4327

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

Name of Employer S-3 GROUP Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2013

**Transaction ID : SA11.1157**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address 433 N CAMDEN DR, #820

City BEVERLY HILLS State CA Zip Code 90210-4412

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

Name of Employer NSB ASSOCIATES, INC. Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11.1022**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

**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 23 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARK FITZGIBBONS**

Mailing Address **P.O. BOX 3165**

City **MANASSAS** State **VA** Zip Code **20108-0927**

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

Name of Employer **AMERICAN TARGET ADVERTISING, INC.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 11 / 2013**

**Transaction ID : SA11.1060**

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

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

Mailing Address **1445-A LAUGHLIN AVENUE**

City **MCLEAN** State **VA** Zip Code **22101-5709**

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

Name of Employer **CHAINBRIDGE BANK** Occupation **CHAIRMAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 23 / 2013**

**Transaction ID : SA11.626**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **50 BRAINTREE HILL PARK STE 200**

City **BRAINTREE** State **MA** Zip Code **02184-8741**

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

Name of Employer **JOHN J. FLATLEY COMPANY** Occupation **FOUNDER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 05 / 2013**

**Transaction ID : SA11.757**

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

**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 24 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSE FUENTES**

Mailing Address 513 HORN POINT DR

City State Zip Code  
ANNAPOLIS MD 21403-3325

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

Name of Employer Occupation  
EASTPORT STRATEGIES LLC ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 31 2013

**Transaction ID : SA11.1210**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address UNIVERSITY VILLAGE #1604  
500 CRESTWOOD DR.

City State Zip Code  
CHARLOTTESVILLE VA 22903-2611

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 30 2013

**Transaction ID : SA11.1172**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

Mailing Address 823 COACHWAY

City State Zip Code  
ANNAPOLIS MD 21401-6416

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 05 2013

**Transaction ID : SA11.1012**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

3350.00

**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 25 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES A. GATELY**

Mailing Address 6118 VERNON TER

City State Zip Code  
ALEXANDRIA VA 22307-1151

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 31 2013

**Transaction ID : SA11.1259**

Amount of Each Receipt this Period  
1300.00

CONTRIBUTION

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

Mailing Address 9081 EMMA ANN WAY

City State Zip Code  
FAIRFAX STATION VA 22039-3086

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

Name of Employer Occupation  
LEADING BUILDERS FOR AMERICA EXECUTIVE DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 03 2013

**Transaction ID : SA11.1035**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 5201 VAN BUREN RD.

City State Zip Code  
DELRAY BEACH FL 33484-4213

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

Name of Employer Occupation  
WASHINGTON GAS MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 11 2013

**Transaction ID : SA11.817**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

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

1900.00

**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 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT GORDON**

Mailing Address 10361 NW 62ND DR.

City State Zip Code  
PARKLAND FL 33076-2348

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

Name of Employer Occupation  
LOTSPEICH COMPANY OF FLORIDA EXECUTIVE VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 31 / 2013

**Transaction ID : SA11.1207**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 7861 MURRAY HILL RD

City State Zip Code  
LAUREL MD 20723-5716

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 29 / 2013

**Transaction ID : SA11.1387**

Amount of Each Receipt this Period  
600.00

CONTRIBUTION

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

Mailing Address 7861 MURRAY HILL RD

City State Zip Code  
LAUREL MD 20723-5716

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 20 / 2013

**Transaction ID : SA11.952**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARY GOULD**

Mailing Address 7861 MURRAY HILL RD.

City LAUREL State MD Zip Code 20723-5716

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : SA11.1388**

Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

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

Mailing Address 4921 CREEKSIDE DR

City CLEARWATER State FL Zip Code 33760-4020

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

Name of Employer BOSTON CAPITAL LEASING LLC Occupation MANAGING MEMBER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 03 / 2013

**Transaction ID : SA11.1004**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 21 SUNSET RD

City DARIEN State CT Zip Code 06820-3527

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

Name of Employer CLARION CAPITAL PARTNERS LLC Occupation MANAGING DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1196**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4000.00

**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 28 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EDITH HAKOLA**

Mailing Address 7250 BALDWIN RIDGE RD

City WARRENTON State VA Zip Code 20187-4514

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

Name of Employer: CENTER FOR AMERICAN UNITY Occupation: EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 12 / 16 / 2013

**Transaction ID : SA11.917**

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

Mailing Address 4325 FEDERAL HILL ROAD

City STREET State MD Zip Code 21154-1124

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

Name of Employer: NONE Occupation: HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 12 / 31 / 2013

**Transaction ID : SA11.1261**

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

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

Mailing Address 4325 FEDERAL HILL ROAD

City STREET State MD Zip Code 21154-1124

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

Name of Employer: NONE Occupation: HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 12 / 31 / 2013

**Transaction ID : SA11.1262**

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

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

2800.00

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

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

FOR LINE NUMBER: PAGE 29 OF 87  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

**A.** Full Name (Last, First, Middle Initial)  
**LAURA H. HENDERSON**

Mailing Address 19721 YOUNGBLOOD RD.

City CHARLOTTE State NC Zip Code 28278-8759

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1247**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

CONTRIBUTION

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

Mailing Address 4325 FEDERAL HILL ROAD

City STREET State MD Zip Code 21154-1124

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

Name of Employer **NUTRAMAX LABORATORIES** Occupation **CHAIRMAN**

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  
 12 / 20 / 2013

**Transaction ID : SA11.956**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

CONTRIBUTION

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

Mailing Address 19721 YOUNGBLOOD RD.

City CHARLOTTE State NC Zip Code 28278-8759

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

Name of Employer **NURTRAMAX** Occupation **CEO**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1246**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

CONTRIBUTION

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

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

\_\_\_\_\_ 7800.00

\_\_\_\_\_

**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 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TROY HENDERSON**

Mailing Address 2621 BAILEY ROAD

City State Zip Code  
FOREST HILL MD 21050-1215

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NUTRAMAX LABORATORIES VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.795**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 25 MARY'S LN

City State Zip Code  
LEWISBURG WV 24901-1248

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.639**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 25 MARY'S LN

City State Zip Code  
LEWISBURG WV 24901-1248

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.720**

Amount of Each Receipt this Period

CONTRIBUTION

**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 31 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT HOLSTEIN**

Mailing Address 3318 OAKWOOD DRIVE

City NEW WINDSOR State MD Zip Code 21776-8212

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11.119**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

Mailing Address 3318 OAKWOOD DRIVE

City NEW WINDSOR State MD Zip Code 21776-8212

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 04 / 2013

**Transaction ID : SA11.702**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. FRANCIS KELLY III**

Mailing Address 1200 SCOTTS KNOLL CT

City LUTHERVILLE State MD Zip Code 21093-3738

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

Name of Employer KELLY AND ASSOCIATES INSURANCE Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11.660**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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 32 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SENATOR FRANCIS KELLY JR.**

Mailing Address 1518 APPLECROFT LN.

City: COCKEYSVILLE State: MD Zip Code: 21030-1626

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 15 / 2013

**Transaction ID : SA11.620**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JANET D. KELLY**

Mailing Address 1518 APPLECROFT LN.

City: COCKEYSVILLE State: MD Zip Code: 21030-1626

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 15 / 2013

**Transaction ID : SA11.621**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 5 STOUFFER AVE.

City: BOONSBORO State: MD Zip Code: 21713-1030

FEC ID number of contributing federal political committee: C

Name of Employer: THOMPSON GAS Occupation: ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 12 / 2013

**Transaction ID : SA11.643**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 87
	<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)  
**Mooney for Congress**

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

Mailing Address 1120 BLOOMFIELDS AVE.

City WEST CALDWELL State NJ Zip Code 07006-7138

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

Name of Employer KERWIN COMMUNICATIONS Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1166**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PAUL A. KILGORE**

Mailing Address 130 FORTSON CIR.

City ATHENS State GA Zip Code 30606-4130

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

Name of Employer PDS COMPLIANCE Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2013

**Transaction ID : SA11.619**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

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

Mailing Address 626 JEAN STREET

City CHARLESTON State WV Zip Code 25302-3515

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

Name of Employer MRC GLOBAL Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1209**

Amount of Each Receipt this Period  
 201.00

CONTRIBUTION

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

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

3801.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KELLY KOSTER**

Mailing Address 65 WASHINGTON STREET

City State Zip Code  
BROOKLYN NY 11201-1470

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

Name of Employer Occupation  
FISHKIN LUCKS, LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 19 / 2013

**Transaction ID : SA11.1082**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 1610 N SALISBURY BLVD.

City State Zip Code  
SALISBURY MD 21801-3329

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 26 / 2013

**Transaction ID : SA11.1091**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 1610 N SALISBURY BLVD.

City State Zip Code  
SALISBURY MD 21801-3329

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.746**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 87
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>ADAM LEADER SR.</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 7 STONEY WYLDE LN		<b>Transaction ID : SA11.1149</b>
City GREENWICH	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GOOGLE	Occupation PRODUCT MANAGER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>GEORGEANN LOBUE</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 13001 SW 118 STREET		<b>Transaction ID : SA11.1203</b>
City MIAMI	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer DOWNRITE ENGINEERING CORP.	Occupation ACCOUNTS RECEIVABLE MANAGER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>DOUGLAS MACKINNON</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 1141 NW 18TH AVE.		<b>Transaction ID : SA11.1248</b>
City BOCA RATON	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer DENTONS US LLP	Occupation PRINCIPAL	CONTRIBUTION
Receipt For: 2014 <input checked="" 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).....	2000.00
<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 36 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSE MALLEA**

Mailing Address 1231 MALAGA AVE.

City State Zip Code  
CORAL GABLES FL 33134-6368

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

Name of Employer Occupation  
JM GLOBAL CONSULTING CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1169**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 7720 SW 78 ST.

City State Zip Code  
MIAMI FL 33143-4016

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

Name of Employer Occupation  
MARIN & SONS, INC. OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1165**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 784 DRIFTING WIND RUN

City State Zip Code  
DRIPPING SPRINGS TX 78620-4463

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

Name of Employer Occupation  
SELF EMPLOYED EDUCATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.1153**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

6100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MAGGIE MARTIN-FUZY**

Mailing Address 11399 CARUTHERS WAY

City State Zip Code  
GLEN ALLEN VA 23059-1835

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

Name of Employer Occupation  
CVS PHARMACY PHARMACY TECHNICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1197**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MAGGIE MARTIN-FUZY**

Mailing Address 11399 CARUTHERS WAY

City State Zip Code  
GLEN ALLEN VA 23059-1835

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

Name of Employer Occupation  
CVS PHARMACY PHARMACY TECHNICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1198**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

Mailing Address 575 EASTVIEW WAY

City State Zip Code  
WOODSIDE CA 94062-4009

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

Name of Employer Occupation  
CIOS DE LA TECH WINE MAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 14 / 2013

**Transaction ID : SA11.1019**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JULIA JONES MATTHEWS**

Mailing Address **PO BOX 176**

City **ABILENE** State **TX** Zip Code **79604-0176**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 20 / 2013**

**Transaction ID : SA11.934**

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

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

Mailing Address **PO BOX 176**

City **ABILENE** State **TX** Zip Code **79604-0176**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 26 / 2013**

**Transaction ID : SA11.992**

Amount of Each Receipt this Period  
**1500.00**  
 CONTRIBUTION

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

Mailing Address **13223 FAIRFAX ROAD**

City **HAGERSTOWN** State **MD** Zip Code **21742-2639**

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

Name of Employer **ELECTROMET CORPORATION** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 20 / 2013**

**Transaction ID : SA11.954**

Amount of Each Receipt this Period  
**1500.00**  
 CONTRIBUTION

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

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

**4000.00**

**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 87
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>MARK MCIVER</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 26144 NANTICOKE ROAD		<b>Transaction ID : SA11.1191</b>
City SALISBURY	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF EMPLOYED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>LUCILLE W. MELLISH</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 2241 WELLESLEY ST.		<b>Transaction ID : SA11.665</b>
City PALO ALTO	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NONE	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>ELAINE H. MIKK</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 18 PINE BARK CT.		<b>Transaction ID : SA11.945</b>
City BRINKLOW	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CABINET DISCOUNTERS	Occupation OWNER	CONTRIBUTION
Receipt For: 2014 <input checked="" 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).....	1500.00
<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 40 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL MILLER**

Mailing Address 114 N EDGEWOOD ST

City ARLINGTON State VA Zip Code 22201-1103

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

Name of Employer RETIRED Occupation ECONOMIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11.1033**

Amount of Each Receipt this Period  
 1300.00

CONTRIBUTION

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

Mailing Address 2501 SE 8TH ST.

City POMPAÑO BEACH State FL Zip Code 33062-6737

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

Name of Employer MILLER CONSTRUCTION COMPANY Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1187**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 7350 S. WAKEFIELD

City REEDLEY State CA Zip Code 93654-9405

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

Name of Employer KENTROL Occupation FARM MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.756**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 87
	<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)  
**Mooney for Congress**

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

Mailing Address **7350 S. WAKEFIELD**

City **REEDLEY** State **CA** Zip Code **93654-9405**

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

Name of Employer **KENTROL** Occupation **FARM MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 16 / 2013**

**Transaction ID : SA11.924**

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

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

Mailing Address **614 S. FEDERAL HWY**

City **FORT LAUDERDALE** State **FL** Zip Code **33301-3110**

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

Name of Employer **MILLER CONSTRUCTION COMPANY** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.1188**

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

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

Mailing Address **7116 FAIRFAX RD.**

City **BETHESDA** State **MD** Zip Code **20814-1235**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 05 / 2013**

**Transaction ID : SA11.794**

Amount of Each Receipt this Period  
**750.00**  
 CONTRIBUTION

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD P. MOONEY SR.**

Mailing Address 7 OCEAN DR

City JUPITER State FL Zip Code 33469-3512

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2013

**Transaction ID : SA11.655**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address PO BOX 669

City FREDERICK State MD Zip Code 21705-0669

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1295**

Amount of Each Receipt this Period  
 1200.00  
 CONTRIBUTION

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

Mailing Address 8550 TOUCHTON RD APT 1621

City JACKSONVILLE State FL Zip Code 32216-2220

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

Name of Employer SELF-EMPLOYED Occupation WRITER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1241**

Amount of Each Receipt this Period  
 600.00  
 CONTRIBUTION

**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 43 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK MOONEY**

Mailing Address 8550 TOUCHTON RD APT 1621

City JACKSONVILLE	State FL	Zip Code 32216-2220
----------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation WRITER
-----------------------------------	----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1368**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 8550 TOUCHTON RD APT 1621

City JACKSONVILLE	State FL	Zip Code 32216-2220
----------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation WRITER
-----------------------------------	----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 04 / 2013

**Transaction ID : SA11.705**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 13197 MAPLE DR

City ST LOUIS	State MO	Zip Code 63127-1902
------------------	-------------	------------------------

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

Name of Employer MFD	Occupation FOOD SERVICE
-------------------------	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11.1080**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**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 44 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FRANCIS MORSE**

Mailing Address 4181 FORT JIM RD.

City: PLACERVILLE State: CA Zip Code: 95667-9024

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

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 240.00

Date of Receipt: 12 / 28 / 2013

**Transaction ID : SA11.1110**

Amount of Each Receipt this Period: 140.00

CONTRIBUTION

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

Mailing Address 4181 FORT JIM RD.

City: PLACERVILLE State: CA Zip Code: 95667-9024

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

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 240.00

Date of Receipt: 12 / 11 / 2013

**Transaction ID : SA11.823**

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

Mailing Address P.O. BOX 1999

City: AVON State: CO Zip Code: 81620-1999

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

Name of Employer: MR3 COMPANY Occupation: CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 12 / 21 / 2013

**Transaction ID : SA11.958**

Amount of Each Receipt this Period: 800.00

CONTRIBUTION

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

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

1040.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TOBY MOWER**

Mailing Address 3908 NORTH CHARLES ST.  
APT. 1001

City Baltimore State MD Zip Code 21218-1753

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

Name of Employer NONE Occupation NONE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : SA11.968**

Amount of Each Receipt this Period  
 800.00  
 CONTRIBUTION

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

Mailing Address 6126 FALLS RD

City Baltimore State MD Zip Code 21209-2206

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

Name of Employer CBRE, INC. Occupation INVESTMENT PROPERTY SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1217**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 1150 CONRAD CT.

City HAGERSTOWN State MD Zip Code 21740-5905

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

Name of Employer DIRECT MAIL PROCESSORS Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 23 / 2013

**Transaction ID : SA11.627**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANDREW NAPOLI**

Mailing Address 6116 HIBBLING AVENUE

City Springfield State VA Zip Code 22150-3327

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

Name of Employer US ARMY Occupation PROGRAM ANALYST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2013

**Transaction ID : SA11.1039**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

Mailing Address 6116 HIBBLING AVENUE

City Springfield State VA Zip Code 22150-3327

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

Name of Employer US ARMY Occupation PROGRAM ANALYST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2013

**Transaction ID : SA11.1040**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

Mailing Address 1829 BAY STREET SE

City WASHINGTON State DC Zip Code 20003-2510

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2013

**Transaction ID : SA11.834**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

650.00

**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 47 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DENIS NEWMAN**

Mailing Address **22 JOANNA WAY**

City **SHORT HILLS** State **NJ** Zip Code **07078-3240**

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

Name of Employer **MIDMARK CAPITAL** Occupation **PRIVATE EQUITY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 12 / 2013**

**Transaction ID : SA11.617**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

Mailing Address **22 JOANNA WAY**

City **SHORT HILLS** State **NJ** Zip Code **07078-3240**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 26 / 2013**

**Transaction ID : SA11.991**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES E. O' BRIEN**

Mailing Address **4110 E. BAKER AVE.**

City **ABINGDON** State **MD** Zip Code **21009-1435**

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

Name of Employer **SELF-EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 27 / 2013**

**Transaction ID : SA11.1159**

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

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

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

**5450.00**

**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 48 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HAROLD E. PATRICOFF JR.**

Mailing Address 6390 SW 114TH ST.

City PINECREST State FL Zip Code 33156-4867

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

Name of Employer SHUTTS & BOWEN Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.1164**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 1413-8TH ST.

City CORONADO State CA Zip Code 92118-2202

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : SA11.1390**

Amount of Each Receipt this Period  
 400.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DONALD J. PENNIALL**

Mailing Address 1413 - 8TH ST.

City CORONADO State CA Zip Code 92118-2202

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : SA11.1141**

Amount of Each Receipt this Period  
 600.00

CONTRIBUTION

**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 49 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD A. PEREZ**

Mailing Address 3240 SW 79TH CT.

City MIAMI State FL Zip Code 33155-3432

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

Name of Employer HOLLAND & KNIGHT Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1185**

Amount of Each Receipt this Period  
**750.00**  
 CONTRIBUTION

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

Mailing Address 13903 CARLSON FARM DR

City GERMANTOWN State MD Zip Code 20874-4481

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

Name of Employer PLAMINDON COMPANY Occupation BOARD CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : SA11.961**

Amount of Each Receipt this Period  
**400.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. WENDELL G. RAKOSKY**

Mailing Address 7820 FLAGSTONE CT

City ELLICOTT CITY State MD Zip Code 21043-7057

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

Name of Employer LOCKHEED MARTIN CORPORATION Occupation HUMAN RESOURCES DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : SA11.776**

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

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

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

**1400.00**

**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 50 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BILL RICKMAN**

Mailing Address 15215 SHADY GROVE RD STE 201

City State Zip Code  
ROCKVILLE MD 20850-6207

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

Name of Employer Occupation  
WM RICKMAN CONSTRUCTION COMPANY OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11.933**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN G. ROCOVICH JR.**

Mailing Address 5264 FALCON RIDGE RD. S.W.

City State Zip Code  
ROANOKE VA 24018-8623

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 13 / 2013

**Transaction ID : SA11.873**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 575 EASTVIEW WAY

City State Zip Code  
WOODSIDE CA 94062-4009

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

Name of Employer Occupation  
CIOS DE LA TECH WINE MAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 14 / 2013

**Transaction ID : SA11.1020**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EVELYN ROSEN**

Mailing Address 27 GALEON CT.

City State Zip Code  
CORAL GABLES FL 33145-

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

Name of Employer Occupation  
NONE STUDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 31 2013

**Transaction ID : SA11.1238**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

Mailing Address 1902 ASSOCIATION DR.

City State Zip Code  
RESTON VA 20191-1502

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

Name of Employer Occupation  
SELF AUTO DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 21 2013

**Transaction ID : SA11.964**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

Mailing Address 27 GALEON CT

City State Zip Code  
CORAL GABLES FL 33145-

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 31 2013

**Transaction ID : SA11.1239**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

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

7800.00

**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 52 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RAYMOND ROWE**

Mailing Address 49 EAST E STREET

City ENCINITAS State CA Zip Code 92024-3612

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11.1117**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

Mailing Address 49 EAST E STREET

City ENCINITAS State CA Zip Code 92024-3612

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : SA11.871**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 6910 ONHEIM COURT

City MCLEAN State VA Zip Code 22101-5100

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

Name of Employer CENTER FOR STRATEGIC AND INTL Occupation DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2013

**Transaction ID : SA11.1011**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1350.00

**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 53 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL RUNDE**

Mailing Address **6910 ONHEIM COURT**

City **MCLEAN** State **VA** Zip Code **22101-5100**

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

Name of Employer **CENTER FOR STRATEGIC AND INTL** Occupation **DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11.1189**

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

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

Mailing Address **6910 BONHEIM CT**

City **MCLEAN** State **VA** Zip Code **22101-5100**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 01 / 2013**

**Transaction ID : SA11.1031**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JENNIFER A. RUTLEDGE**

Mailing Address **4214 KINCAID CT.**

City **CHANTILLY** State **VA** Zip Code **20151-2730**

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

Name of Employer **COUNCIL FOR NATIONAL POLICY** Occupation **DIRECTOR OF FINANCE AND ADMINISTRATI**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2013**

**Transaction ID : SA11.637**

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

**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 54 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FRED SACHER**

Mailing Address P.O. BOX 7448

City State Zip Code  
CASTRANO BEACH CA 92624-7448

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

Name of Employer Occupation  
NONE RETIRED

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  
12 / 05 / 2013

**Transaction ID : SA11.748**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 7448

City State Zip Code  
CASTRANO BEACH CA 92624-7448

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

Name of Employer Occupation  
NONE RETIRED

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  
12 / 05 / 2013

**Transaction ID : SA11.747**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

Mailing Address 5312 SOVEREIGN PLACE

City State Zip Code  
FREDERICK MD 21703-8381

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

Name of Employer Occupation  
FREDERICK AIR OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.769**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEVE SCHUH**

Mailing Address P.O. BOX 48

City State Zip Code  
GIBSON ISLAND MD 21056-0048

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

Name of Employer Occupation  
STATE OF MARYLAND LEGISLATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 25 / 2013

**Transaction ID : SA11.1148**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address PO BOX 160271

City State Zip Code  
AUSTIN TX 78716-0271

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2013

**Transaction ID : SA11.1021**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 3715 NORTH 25TH ST.

City State Zip Code  
ARLINGTON VA 22207-5011

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

Name of Employer Occupation  
FREEDOM PARTNERS PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11.949**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STANLEY SIENKIEWICZ**

Mailing Address 5540 30TH ST NW

City WASHINGTON State DC Zip Code 20015-1250

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

Name of Employer US GOVERNMENT Occupation INTERNATION DEVELOPMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : SA11.1023**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address 228 BENNETT ST

City MOUNT PLEASANT State SC Zip Code 29464-5350

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : SA11.874**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address 228 BENNETT ST

City MOUNT PLEASANT State SC Zip Code 29464-5350

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2013

**Transaction ID : SA11.969**

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

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

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

**850.00**

**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 57 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MURRAY SIMPSON**

Mailing Address 5809 DEVONSHIRE DR

City State Zip Code  
BETHESDA MD 20816-3415

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA11.786**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

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

Mailing Address 3433 STANFORD STREET

City State Zip Code  
HYATTSVILLE MD 20783-1917

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 28 / 2013

**Transaction ID : SA11.1122**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 3433 STANFORD STREET

City State Zip Code  
HYATTSVILLE MD 20783-1917

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 04 / 2013

**Transaction ID : SA11.716**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 58 OF 87  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS I. SMITH**

Mailing Address 2800 PINE HOLLOW RD.

City OAKTON State VA Zip Code 22124-1231

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

Name of Employer MILLER AND SMITH INC. Occupation BUILDER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2013

**Transaction ID : SA11.988**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 8716 CRIDER BROOK WAY

City POTOMAC State MD Zip Code 20854-4547

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

Name of Employer MILLER & SMITH Occupation BUILDER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2013

**Transaction ID : SA11.1158**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 108 ROLLING RD

City GAITHERSBURG State MD Zip Code 20877-2044

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

Name of Employer U.S. NAVY Occupation ENGINEER

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  
 12 / 13 / 2013

**Transaction ID : SA11.907**

Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

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

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

5275.00

**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 59 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KURT SNYDER**

Mailing Address 1997 ANNAPOLIS EXCHANGE PKWY, SUIT

City State Zip Code  
ANNAPOLIS MD 21401-3273

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

Name of Employer Occupation  
SELF-EMPLOYED ENTREPRENEUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 13 / 2013

**Transaction ID : SA11.1064**

Amount of Each Receipt this Period  
400.00  
CONTRIBUTION

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

Mailing Address 303 WEST CUTTRISS STREET

City State Zip Code  
PARK RIDGE IL 60068-2704

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

Name of Employer Occupation  
CHAPMAN SPINGOLA LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2013

**Transaction ID : SA11.1218**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 1721 STONEBRIDGE RD

City State Zip Code  
ALEXANDRIA VA 22304-1038

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

Name of Employer Occupation  
PANTHEON EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2013

**Transaction ID : SA11.1034**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**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 60 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT STUBER**

Mailing Address 11401 LITTLE BAY HARBOR WAY

City State Zip Code  
SPOTSYLVANIA VA 22551-8904

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

Name of Employer Occupation  
AMERICANS FOR PROSPERITY FOUNDATIO MARKETING MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 23 / 2013

**Transaction ID : SA11.1156**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 150 SE 12 STREET

City State Zip Code  
POMPANO BEACH FL 33060-9215

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

Name of Employer Occupation  
BAC ESTIMATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11.1202**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 1115 GREENWAY RD.

City State Zip Code  
ALEXANDRIA VA 22308-1237

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

Name of Employer Occupation  
LEADERSHIP INSTITUTE VICE-PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 11 / 2013

**Transaction ID : SA11.837**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 87
	<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)  
**Mooney for Congress**

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

Mailing Address 5902 MOUNT EAGLE DR.  
UNIT 808

City ALEXANDRIA State VA Zip Code 22303-2518

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

Name of Employer VORYS Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2013

**Transaction ID : SA11.858**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 3880 SW 147TH AVE.

City MIRAMAR State FL Zip Code 33027-3702

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

Name of Employer WIGINTON FIRE SYSTEMS Occupation BRANCH MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1205**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 2634 INWOOD DR

City ADAMSTOWN State MD Zip Code 21710-9467

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

Name of Employer SELF-EMPLOYED Occupation ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11.1135**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

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

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

800.00

**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 62 OF 87
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>RAFAEL VALLE</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 04 / 2013
Mailing Address 2634 INWOOD DR		<b>Transaction ID : SA11.703</b>
City ADAMSTOWN	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF-EMPLOYED	Occupation ACCOUNTANT	CONTRIBUTION
Receipt For: 2014 <input checked="" 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>VICTOR E. VAN DAMME</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2013
Mailing Address 5113 PATRICIA AVE.		<b>Transaction ID : SA11.1175</b>
City LAS VEGAS	State NV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NONE	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>VICTOR E. VAN DAMME</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013
Mailing Address 5113 PATRICIA AVE.		<b>Transaction ID : SA11.905</b>
City LAS VEGAS	State NV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NONE	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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: PAGE 63 OF 87  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**DON A. WAGENHEIM**

Mailing Address **PO BOX 6208**

City **WHEELING** State **WV** Zip Code **26003-0607**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 12 / 2013**

**Transaction ID : SA11.649**

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

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

Mailing Address **1182 CANON WAY**

City **WESTMINSTER** State **MD** Zip Code **21157-5766**

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

Name of Employer **RENEGADE PRODUCTIONS INC.** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 06 / 2013**

**Transaction ID : SA11.1013**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address **1182 CANON WAY**

City **WESTMINSTER** State **MD** Zip Code **21157-5766**

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

Name of Employer **RENEGADE PRODUCTIONS INC.** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 06 / 2013**

**Transaction ID : SA11.1014**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**2850.00**

**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 64 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KIRBY WILBUR**

Mailing Address 2333 DULLES STATION BLVD

City: HERNDON State: VA Zip Code: 20171-6398

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

Name of Employer: THE NATIONAL JOURNALISM CENTER Occupation: EXECUTIVE DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 11 / 07 / 2013

**Transaction ID : SA11.1015**

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

Mailing Address 2333 DULLES STATION BLVD

City: HERNDON State: VA Zip Code: 20171-6398

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

Name of Employer: THE NATIONAL JOURNALISM CENTER Occupation: EXECUTIVE DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 12 / 02 / 2013

**Transaction ID : SA11.1032**

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

Mailing Address 2333 DULLES STATION BLVD

City: HERNDON State: VA Zip Code: 20171-6398

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

Name of Employer: THE NATIONAL JOURNALISM CENTER Occupation: EXECUTIVE DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 12 / 30 / 2013

**Transaction ID : SA11.1212**

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

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

300.00

**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 65 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SAMUEL F. WRIGHT**

Mailing Address 322 A ST. SE APT. 3

City WASHINGTON State DC Zip Code 20003-3801

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

Name of Employer SELF Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : SA11.1150**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

Mailing Address 322 A ST. SE APT. 3

City WASHINGTON State DC Zip Code 20003-3801

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

Name of Employer SELF Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2013

**Transaction ID : SA11.841**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**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

Amount of Each Receipt this Period

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

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

300.00

153421.00

**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 66 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANDY HARRIS FOR CONGRESS**

Mailing Address PO BOX 604

City State Zip Code  
BEL AIR MD 21014-0604

FEC ID number of contributing federal political committee. **C** C00435974

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 19 / 2013

**Transaction ID : SA11.925**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANDY HARRIS FOR CONGRESS**

Mailing Address PO BOX 604

City State Zip Code  
BEL AIR MD 21014-0604

FEC ID number of contributing federal political committee. **C** C00435974

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 26 / 2013

**Transaction ID : SA11.979**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JOE BARTLETT**

Mailing Address 122 SILOPANNA RD.

City State Zip Code  
ANNAPOLIS MD 21403-1119

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
999.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2013

**Transaction ID : SA11.630**

Amount of Each Receipt this Period  
999.00  
CONTRIBUTION

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

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

2999.00

**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 67 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LINCOLN DIAZ-BALART CAMPAIGN ACCOUNT**

Mailing Address 8770 SUNSET DR. NO. 421

City MIAMI State FL Zip Code 33173-3512

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

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  
 12 / 30 / 2013

**Transaction ID : SA11.1167**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BLACK AMERICA'S PAC**

Mailing Address 1325 G STREET NW SUITE 500

City WASHINGTON State DC Zip Code 20005-3136

FEC ID number of contributing federal political committee. **C** C00300921

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  
 10 / 15 / 2013

**Transaction ID : SA11.618**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CAMPAIGN FOR WORKING FAMILIES**

Mailing Address 2800 S. SHIRLINGTON RD., SUITE 930

City ARLINGTON State VA Zip Code 22206-3619

FEC ID number of contributing federal political committee. **C** C00325076

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  
 12 / 31 / 2013

**Transaction ID : SA11.1178**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

4000.00

**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 68 OF 87
	<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)  
**Mooney for Congress**

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

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City State Zip Code  
ATHENS GA 30606-6191

FEC ID number of contributing federal political committee. **C C00492819**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 31 / 2013

**Transaction ID : SA11.1229**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

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

Mailing Address PO BOX 618

City State Zip Code  
ALTON IL 62002-0618

FEC ID number of contributing federal political committee. **C C00103937**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 11 / 2013

**Transaction ID : SA11.833**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FAMILY RESEARCH COUNCIL ACTION PAC**

Mailing Address 801 G STREET N.W.

City State Zip Code  
WASHINGTON DC 20001-3729

FEC ID number of contributing federal political committee. **C C00452383**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 26 / 2013

**Transaction ID : SA11.990**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

4600.00

**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 69 OF 87
	<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)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GROWTH, OPPORUNITY & PROSPERITY FUND**

Mailing Address PO BOX 3131

City OAKTON State VA Zip Code 22124-9131

FEC ID number of contributing federal political committee. **C** C00513804

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 999.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11.1263**

Amount of Each Receipt this Period  
 999.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GUN OWNERS OF AMERICA POLITICAL VICTORY FUND**

Mailing Address 8001 FORBES PLACE SUITE 102

City SPRINGFIELD State VA Zip Code 22151-2205

FEC ID number of contributing federal political committee. **C** C90011693

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2013

**Transaction ID : SA11.820**

Amount of Each Receipt this Period  
 4500.00  
 CONTRIBUTION

**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).....

5499.00

17098.00

**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 70 OF 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER XAVIER MOONEY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address P.O. BOX 1863		Amount of Each Disbursement this Period 1001.00
City MARTINSBURG	State WV	
Zip Code 25402	Purpose of Disbursement REIMBURSEMENT	Transaction ID : SB17.I162
Candidate Name <b>ALEXANDER MOONEY</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: MD District: 06		

Full Name (Last, First, Middle Initial) <b>B. NICK CLEMENS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address PO BOX 785		Amount of Each Disbursement this Period 468.57
City CHARLES TOWN	State WV	
Zip Code 25414	Purpose of Disbursement REIMBURSEMENT	Transaction ID : SB17.I116
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NICK CLEMENS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address PO BOX 785		Amount of Each Disbursement this Period 1000.00
City CHARLES TOWN	State WV	
Zip Code 25414	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I118
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).....	1000.00
<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 71 OF 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>A. NICK CLEMENS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013	
Mailing Address PO BOX 785			Amount of Each Disbursement this Period 2000.00	
City CHARLES TOWN	State WV	Zip Code 25414	Transaction ID : SB17.I127	
Purpose of Disbursement PAYROLL		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. NICK CLEMENS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013	
Mailing Address PO BOX 785			Amount of Each Disbursement this Period 332.09	
City CHARLES TOWN	State WV	Zip Code 25414	Transaction ID : SB17.I139	
Purpose of Disbursement REIMBURSEMENT		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. NICK CLEMENS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013	
Mailing Address PO BOX 785			Amount of Each Disbursement this Period 467.42	
City CHARLES TOWN	State WV	Zip Code 25414	Transaction ID : SB17.I140	
Purpose of Disbursement REIMBURSEMENT		Category/ Type 006	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<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 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>A. NICK CLEMENS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address PO BOX 785		Amount of Each Disbursement this Period 489.23
City CHARLES TOWN	State WV	Zip Code 25414
Purpose of Disbursement REIMBURSEMENT	Category/Type 002	
Candidate Name		Transaction ID : SB17.I150 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NICK CLEMENS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address PO BOX 785		Amount of Each Disbursement this Period 2000.00
City CHARLES TOWN	State WV	Zip Code 25414
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name		Transaction ID : SB17.I155
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. STEPHANIE COOPER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address P.O. BOX 785		Amount of Each Disbursement this Period 1250.00
City CHARLESTON	State WV	Zip Code 25414
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name		Transaction ID : SB17.I119
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).....	3250.00
<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 73 OF 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>A. STEPHANIE COOPER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address P.O. BOX 785		Amount of Each Disbursement this Period 146.69
City CHARLESTON State WV Zip Code 25414	Purpose of Disbursement REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I126
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. STEPHANIE COOPER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address P.O. BOX 785		Amount of Each Disbursement this Period 1250.00
City CHARLESTON State WV Zip Code 25414	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : SB17.I128
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. STEPHANIE COOPER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address P.O. BOX 785		Amount of Each Disbursement this Period 199.19
City CHARLESTON State WV Zip Code 25414	Purpose of Disbursement REIMBURSEMENTS	
Candidate Name		Transaction ID : SB17.I138
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 007	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1250.00
<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 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>A. STEPHANIE COOPER</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address P.O. BOX 785		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.I141</b>
City CHARLESTON State WV Zip Code 25414	Purpose of Disbursement PAYROLL	
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. STEPHANIE COOPER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address P.O. BOX 785		Amount of Each Disbursement this Period 59.31 <b>Transaction ID : SB17.I147</b> <b>[MEMO ITEM]</b>
City CHARLESTON State WV Zip Code 25414	Purpose of Disbursement REIMBURSEMENT	
Candidate Name	Category/Type 007	
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. STEPHANIE COOPER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address P.O. BOX 785		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.I156</b>
City CHARLESTON State WV Zip Code 25414	Purpose of Disbursement PAYROLL	
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).....	2500.00
<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 75 OF 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>A. STEPHANIE COOPER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address P.O. BOX 785		Amount of Each Disbursement this Period 463.84
City CHARLESTON	State WV	
Zip Code 25414	Purpose of Disbursement REIMBURSEMENT	Transaction ID : SB17.I160
Candidate Name	Category/ Type 006	
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. STEPHANIE COOPER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address P.O. BOX 785		Amount of Each Disbursement this Period 1250.00
City CHARLESTON	State WV	
Zip Code 25414	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I161
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. MR. DANIEL RUNDE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 6910 ONHEIM COURT		Amount of Each Disbursement this Period 1000.00
City MCLEAN	State VA	
Zip Code 22101-5100	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.1189
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2250.00
<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 76 OF 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement
Mailing Address 1593 SPRING HILL ROAD, SUITE 400		M M / D D / Y Y Y Y 10 / 22 / 2013
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATA PROCESSING SERVICES	Amount of Each Disbursement this Period 798.00	
Candidate Name	Transaction ID : SB17.I163	
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement
Mailing Address 1593 SPRING HILL ROAD, SUITE 400		M M / D D / Y Y Y Y 11 / 22 / 2013
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATA PROCESSING SERVICES	Amount of Each Disbursement this Period 798.00	
Candidate Name	Transaction ID : SB17.I164	
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement
Mailing Address 1593 SPRING HILL ROAD, SUITE 400		M M / D D / Y Y Y Y 12 / 23 / 2013
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATA PROCESSING SERVICES	Amount of Each Disbursement this Period 798.00	
Candidate Name	Transaction ID : SB17.I165	
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2394.00
<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 77 OF 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>A. COLD SPARK MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address 202 STATE ST 2ND FLOOR		Amount of Each Disbursement this Period 1901.25 <b>Transaction ID : SB17.I120</b>
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	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. COLD SPARK MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 202 STATE ST 2ND FLOOR		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.I134</b>
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	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. COLD SPARK MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 202 STATE ST 2ND FLOOR		Amount of Each Disbursement this Period 4029.00 <b>Transaction ID : SB17.I153</b>
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	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).....	7930.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 87			
	<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)  
**Mooney for Congress**

**A. CUSTOMINK**

Full Name (Last, First, Middle Initial)  
Mailing Address 7902 WESTPARK DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
CAMPAIGN TEE SHIRTS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 21 / 2013

Amount of Each Disbursement this Period  
1020.00

Transaction ID : SB17.I130

**B. FLAME CAMPAIGNS**

Full Name (Last, First, Middle Initial)  
Mailing Address 121 S ORANGE AVE STE 1430A

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 21 / 2013

Amount of Each Disbursement this Period  
29.00

Transaction ID : SB17.I123

**C. FLAME CAMPAIGNS**

Full Name (Last, First, Middle Initial)  
Mailing Address 121 S ORANGE AVE STE 1430A

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 21 / 2013

Amount of Each Disbursement this Period  
29.00

Transaction ID : SB17.I143

**SUBTOTAL** of Disbursements This Page (optional)..... 1078.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. FLAME CAMPAIGNS**

Mailing Address 121 S ORANGE AVE STE 1430A

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2013

Amount of Each Disbursement this Period: 3316.10

Transaction ID : SB17.I166

Full Name (Last, First, Middle Initial)

**B. LEGACY LIST MARKETING**

Mailing Address 1155 15TH STREET NW SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement LIST MANAGEMENT SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 27 / 2013

Amount of Each Disbursement this Period: 1627.63

Transaction ID : SB17.I152

Full Name (Last, First, Middle Initial)

**C. PANHANDLE PRINTING & DESIGN**

Mailing Address 124 N MAPLE AVE.

City MARTINSBURG State WV Zip Code 25401

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2013

Amount of Each Disbursement this Period: 2756.12

Transaction ID : SB17.I111

**SUBTOTAL** of Disbursements This Page (optional)..... 7699.85

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>A. PANHANDLE PRINTING &amp; DESIGN</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 124 N MAPLE AVE.		Amount of Each Disbursement this Period 1987.50 <b>Transaction ID : SB17.I149</b>
City MARTINSBURG	State WV	
Zip Code 25401	Purpose of Disbursement PRINTING	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. PANHANDLE PRINTING &amp; DESIGN</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 124 N MAPLE AVE.		Amount of Each Disbursement this Period 188.48 <b>Transaction ID : SB17.I154</b>
City MARTINSBURG	State WV	
Zip Code 25401	Purpose of Disbursement PRINTING	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. POLITICAL EQUITY CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 3213 DUKE ST. #685		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.I157</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement FINANCE CONSULTING	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).....	4175.98
<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 81 OF 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)  
**A. PREMIERE FUNDRAISING**

Mailing Address 1127 WALKER RD

City GREAT FALLS State VA Zip Code 22066

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
12 / 21 / 2013

Amount of Each Disbursement this Period: 12000.00

Transaction ID : SB17.I114

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

Mailing Address 1127 WALKER RD

City GREAT FALLS State VA Zip Code 22066

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
12 / 21 / 2013

Amount of Each Disbursement this Period: 6128.01

Transaction ID : SB17.I142

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

Mailing Address 955 BREEZEWOOD LN

City NEENAH State WI Zip Code 54957

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
12 / 21 / 2013

Amount of Each Disbursement this Period: 1866.00

Transaction ID : SB17.I125

**SUBTOTAL** of Disbursements This Page (optional)..... 19994.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)  
**A. PROFESSIONAL DATA SERVICES**

Mailing Address 2470 DANIELL'S BRIDGE ROAD  
STE. 121

City ATHENS State GA Zip Code 30606

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
12 / 21 / 2013

Amount of Each Disbursement this Period: 4501.38

Transaction ID : SB17.I115

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

Mailing Address 160 PATRICK HENRY WAY

City CHARLES TOWN State WV Zip Code 25414

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
12 / 21 / 2013

Amount of Each Disbursement this Period: 124.66

Transaction ID : SB17.I122

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

Mailing Address 160 PATRICK HENRY WAY

City CHARLES TOWN State WV Zip Code 25414

Purpose of Disbursement EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
12 / 21 / 2013

Amount of Each Disbursement this Period: 2108.04

Transaction ID : SB17.I133

**SUBTOTAL** of Disbursements This Page (optional) ..... 6734.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 87		
	<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)  
**Mooney for Congress**

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

Mailing Address 160 PATRICK HENRY WAY

City CHARLES TOWN State WV Zip Code 25414

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 21 / 2013

Amount of Each Disbursement this Period: 189.38

Transaction ID : SB17.I136

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

Mailing Address 1355 COURTHOUSE DR

City MARTINSBURG State WV Zip Code 21701

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 21 / 2013

Amount of Each Disbursement this Period: 2300.00

Transaction ID : SB17.I121

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

Mailing Address 1355 COURTHOUSE DR

City MARTINSBURG State WV Zip Code 21701

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 30 / 2013

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.I129

**SUBTOTAL** of Disbursements This Page (optional) ..... 2689.38

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 87		
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. USPS		M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address 1355 COURTHOUSE DR		Amount of Each Disbursement this Period 460.00
City	State Zip Code	
MARTINSBURG	WV 21701	Transaction ID : SB17.I135
Purpose of Disbursement POSTAGE	Category/ Type	
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. USPS		M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address 1355 COURTHOUSE DR		Amount of Each Disbursement this Period 460.00
City	State Zip Code	
MARTINSBURG	WV 21701	Transaction ID : SB17.I137
Purpose of Disbursement POSTAGE	Category/ Type	
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. USPS		M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 1355 COURTHOUSE DR		Amount of Each Disbursement this Period 4551.38
City	State Zip Code	
MARTINSBURG	WV 21701	Transaction ID : SB17.I151
Purpose of Disbursement POSTAGE	Category/ Type	
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5471.38
<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 85 OF 87			
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 1355 COURTHOUSE DR		Amount of Each Disbursement this Period 749.00
City MARTINSBURG	State WV	
Zip Code 21701	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I159
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. VITAL SIGNS PLUS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address 32 FEDERAL WAY STE 101		Amount of Each Disbursement this Period 382.66
City CHARLES TOWN	State WV	
Zip Code 25414	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I110
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. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address		Amount of Each Disbursement this Period 181.30
City SPENCER/CHARLES TO	State WV	
Zip Code 25414	Purpose of Disbursement CAMPAIGN SUPPLIES	Transaction ID : SB17.I117
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).....	1312.96
<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 86 OF 87	
	<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)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>A. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2013</b>
Mailing Address		Amount of Each Disbursement this Period <b>300.94</b>
City <b>SPENCER/CHARLES TO</b>	State <b>WV</b>	
Zip Code <b>25414</b>		<b>Transaction ID : SB17.I145</b>
Purpose of Disbursement <b>OFFICE SUPPLIES</b>	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. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 27 / 2013</b>
Mailing Address		Amount of Each Disbursement this Period <b>69.25</b>
City <b>SPENCER/CHARLES TO</b>	State <b>WV</b>	
Zip Code <b>25414</b>		<b>Transaction ID : SB17.I148</b>
Purpose of Disbursement <b>OFFICE SUPPLIES</b>	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		
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).....	<b>370.19</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>72100.08</b>

**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 87 OF 87			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. DIRECT MAIL PROCESSORS INC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2013</b>
Mailing Address 1150 CONRAD COURT		Amount of Each Disbursement this Period <b>500.00</b>
City HAGERSTOWN	State MD	
Zip Code 99999	Purpose of Disbursement REFUND	<b>Transaction ID : SB21.I108</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 0 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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	
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.</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).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>500.00</b>