

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
Friends of Don Webb

ADDRESS (number and street) 1620 Eastchester Drive Suite 105
 Check if different than previously reported. (ACC) High Point NC 27265

2. **FEC IDENTIFICATION NUMBER** ▼ C C00546291 CITY ▲ STATE ▲ ZIP CODE ▲
3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE ▼ DISTRICT
NC 06

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 through M M / D D / Y Y Y Y
07 / 01 / 2013 through 09 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steve Arnold
Signature of Treasurer Steve Arnold [Electronically Filed] Date M M / D D / Y Y Y Y
10 / 12 / 2013

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
Friends of Don Webb

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))....	9850.00	9850.00
(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)).....	9850.00	9850.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23937.29	28718.09
(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)).....	23937.29	28718.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	131.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	19000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Don Webb

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8450.00	8450.00
(ii) Unitemized.....	1400.00	1400.00
(iii) TOTAL of contributions from individuals ▶	9850.00	9850.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9850.00	9850.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	14000.00	19000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	14000.00	19000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	23850.00	28850.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23937.29	28718.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	23937.29	28718.09

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	219.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23850.00
25. SUBTOTAL (add Line 23 and Line 24).....	24069.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23937.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	131.91

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. John Bruns Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 28 / 2013
Mailing Address 161 Cherry Street Suite 4		Transaction ID : SA11AI.4163
City New Canaan	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	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. Broadus Embler II		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 12 / 2013
Mailing Address PO Box 7027		Transaction ID : SA11AI.4152
City High Point	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carolina Trailer Leasing	Occupation Lease Mgr	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) C. Douglas Fagge		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 16 / 2013
Mailing Address 1409 Pinehurst Dr		Transaction ID : SA11AI.4150
City High Point	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Wells Fargo	Occupation Financial Advisor	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial)
Leonard Fletcher

Mailing Address 132 N Haven Road
Apt 1W

City Elmhurst State IL Zip Code 60126-2955

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

Name of Employer Superur Chemicals Occupation Transportation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2013

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

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

Mailing Address 2607 Burch Point

City High Point State NC Zip Code 27265

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

Name of Employer Nyla Eyecare Occupation Ophthalmologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2013

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Dr. Perry Jones

Mailing Address 401 Ferndale Ave

City High Point State NC Zip Code 27262

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

Name of Employer Carolina Anesthesia Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

1100.00

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial)
William Krual

Mailing Address 1040 Chester Road

City State Zip Code
Winston Salem NC 27104

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

Name of Employer Occupation
Carolina Trailer Leasing, Inc 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
08 / 14 / 2013

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 7901 Hoskin Drive

City State Zip Code
Summerfield NC 27358

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

Name of Employer Occupation
Jackson National Life Insuranc Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2013

Transaction ID : SA11AI.4165

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 1400 Post Oak Blvd.
Suite 650

City State Zip Code
Houston TX 77056

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

Name of Employer Occupation
Retired 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
09 / 13 / 2013

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

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

Mailing Address 534 W Parkway Ave
Apt 1W

City High Point State NC Zip Code 27262-3032

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

Name of Employer New York Life Occupation Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 1980 Eagle Ridge SW

City Conyers State GA Zip Code 30094

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

Name of Employer Visy Paper Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 03 / 2013

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 112 Judges Ct

City Jamestown State NC Zip Code 27282

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

Name of Employer Choice Insurance Occupation Insurance Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2013

Transaction ID : SA11AI.4167

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

8450.00

**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 21
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial)
Don Webb

Mailing Address 220 Timberlake Drive

City High Point State NC Zip Code 27265

FEC ID number of contributing federal political committee. **C H4NC06060**

Name of Employer Wells Fargo Occupation Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 02 / 2013

Transaction ID : SA13A.4116

Amount of Each Receipt this Period
 2000.00

Loan

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

Mailing Address 220 Timberlake Drive

City High Point State NC Zip Code 27265

FEC ID number of contributing federal political committee. **C H4NC06060**

Name of Employer Wells Fargo Occupation Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 26 / 2013

Transaction ID : SA13A.4114

Amount of Each Receipt this Period
 3000.00

Loan

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

Mailing Address 220 Timberlake Drive

City High Point State NC Zip Code 27265

FEC ID number of contributing federal political committee. **C H4NC06060**

Name of Employer Wells Fargo Occupation Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA13A.4110

Amount of Each Receipt this Period
 5000.00

Loan

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

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

10000.00

**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 21
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial)
Don Webb

Mailing Address 220 Timberlake Drive

City High Point State NC Zip Code 27265

FEC ID number of contributing federal political committee. **C H4NC06060**

Name of Employer Wells Fargo Occupation Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
14000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA13A.4106

Amount of Each Receipt this Period
4000.00

Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

4000.00

14000.00

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

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.4184
City High Point	State NC Zip Code 27265	
Purpose of Disbursement fundraising & media	Category/Type 003	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4186
City High Point	State NC Zip Code 27265	
Purpose of Disbursement Fundraising & Media	Category/Type 003	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4187
City High Point	State NC Zip Code 27265	
Purpose of Disbursement signs	Category/Type 006	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

SUBTOTAL of Disbursements This Page (optional).....	3950.00
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 12 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4188
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement research services	Category/Type 001
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NC	District: 06	

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4190
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement Fundraising & media	Category/Type 003
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NC	District: 06	

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4192
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement signs	Category/Type 006
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NC	District: 06	

SUBTOTAL of Disbursements This Page (optional).....	3550.00
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 13 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4194
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement palm cards	Category/Type 006
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 06	

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement MM / DD / YYYY 08 / 09 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4195
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement Fundraising & Media	Category/Type 001
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 06	

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement MM / DD / YYYY 08 / 12 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4196
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement Fundraising & Media	Category/Type 003
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 06	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
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 14 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement MM / DD / YYYY 08 / 14 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4197
City High Point	State NC Zip Code 27265	
Purpose of Disbursement fundraising & media	Category/Type 003	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement MM / DD / YYYY 08 / 21 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4198
City High Point	State NC Zip Code 27265	
Purpose of Disbursement fundraising & media	Category/Type 006	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement MM / DD / YYYY 08 / 28 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4199
City High Point	State NC Zip Code 27265	
Purpose of Disbursement fundraising & Media	Category/Type 003	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

SUBTOTAL of Disbursements This Page (optional).....	6500.00
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 15 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4200
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement research services	Category/ Type 001
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 06	

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4201
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement media	Category/ Type 006
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 06	

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4208
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement Fundraising & Media	Category/ Type 003
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 06	

SUBTOTAL of Disbursements This Page (optional).....	6900.00
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 16 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 1620 Eastchester Drive Suite 105		Amount of Each Disbursement this Period 1800.00
City High Point	State NC Zip Code 27265	
Purpose of Disbursement compliance/filing services	001	Transaction ID : SB17.4209
Candidate Name Friends of Don Webb	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	23700.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4222**

LOAN SOURCE Full Name (Last, First, Middle Initial) Friends of Don Webb	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1620 Eastchester Drive Suite 105	

City	State	ZIP Code
High Point	NC	27265

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 12 / 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Dr	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 5000.00 Transaction ID : SC/10.4222.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4116**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Don Webb** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS

Date Incurred: M 07 / D 02 / Y 2013
Date Due: M / D / Y 12/31/2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 2000.00 Transaction ID : SC/10.4116.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4114**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Don Webb** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
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TERMS

Date Incurred: M 07 / D 26 / Y 2013
 Date Due: M / D / Y 12/30/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 3000.00 Transaction ID : SC/10.4114.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 3000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4110**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Don Webb** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS

Date Incurred: M 08 / D 14 / Y 2013
Date Due: M M / D D / Y 12/31/2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 5000.00 Transaction ID : SC/10.4110.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 5000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4106**

LOAN SOURCE Full Name (Last, First, Middle Initial) Don Webb	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 220 Timberlake Drive		

City	State	ZIP Code
High Point	NC	27265

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 13 / 2013	12/30/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 4000.00 Transaction ID : SC/10.4106.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	4000.00
TOTALS This Period (last page in this line only).....	19000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.