

**FEC
FORM 3**

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

RECEIVED
SECRETARY OF THE
PUBLIC

14 AUG 21 PM 1:35
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
FRIENDS OF NANCY MACE

ADDRESS (number and street) 295 SEVEN FARMS DRIVE SUITE C-186
Check if different than previously reported. (ACC) CHARLESTON SC 29492

2. FEC IDENTIFICATION NUMBER **C** C00549295
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
SC 00

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)
(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on M M in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on M / Y Y in the State of

5. Covering Period M M / D D Y Y through M M / D D Y Y
01 01 2014 through 03 31 2014

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

Type or Print Name of Treasurer Dan Backer
Signature of Treasurer Dan Backer Date 08 18 2014

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

Office Use Only								
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FEC FORM 3
(Revised 02/2003)

14020683155

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF NANCY MACE

Report Covering the Period: From: ^M01 ^M01 / ^D01 ^Y2014 To: ^M03 ^M31 / ^D31 ^Y2014

	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)) ..	213873.51	608678.59
(b) Total Contribution Refunds (from Line 20(d)) ..	5200.00	6135.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	208673.51	602543.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	226672.38	382308.31
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	2965.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	226672.38	379342.94
8. Cash on Hand at Close of Reporting Period (from Line 27)...	223200.65	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	

For further information contact:

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

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

14020683156

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

FRIENDS OF NANCY MACE

Report Covering the Period: From: ^{M M} 01 ^{D D} 01 ^{Y Y} 2014 To: ^{M M} 03 / ^{D D} 31 ^{Y Y} 2014

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) ...	154335.32	375530.32
(ii) Unitemized	57515.32	223925.54
(iii) TOTAL of contributions from individuals .	211850.64	599455.86
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	2000.00	7000.00
(d) The Candidate	22.87	2222.73
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	213873.51	608678.59
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	0.00	2965.37
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)...	213873.51	611643.96

14020683157

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	226672.38	382308.31
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 ...	5200.00	6135.00
(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))...	5200.00	6135.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	231872.38	388443.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	241199.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	213873.51
25. SUBTOTAL (add Line 23 and Line 24)...	455073.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	231872.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	223200.65

14020683158

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3N
Transaction ID :

This committee files this amended 2014 Q1 filing in response to the FEC RFAI dated July 14, 2014, with a response due on August 18, 2014. This amendment re-designates contributions previously designated as primary contributions to the general election, which in turn will be refunded. This amendment further clarifies the identification of a contribution made on a single member LLC check, and thus attributable to the member, previously listed as 'Boykin and Co.

Form/Schedule:
Transaction ID:

14020683159

**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)

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

NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Kenneth Adams		Date of Receipt M M D D / Y Y Y 03 03 2014
Mailing Address 8825 Random Road		Transaction ID : SA11AI.18480
City Fort Worth	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1025.00	

Full Name (Last, First, Middle Initial) B. Ron Amini		Date of Receipt M M D D / Y Y Y 01 14 2014
Mailing Address 3508 Lost Creek Blvd.		Transaction ID : SA11AI.18845
City Austin	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 2600.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 2600.00	

Full Name (Last, First, Middle Initial) C. Anonymous		Date of Receipt M M D D / Y Y Y 02 21 2014
Mailing Address		Transaction ID : SA11AI.18617
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 20.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 214.00	

SUBTOTAL of Receipts This Page (optional).....	, , 3620.00
TOTAL This Period (last page this line number only).....	, , .

14020683160

**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 147
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y Y 02 / 21 / 2014
A. Mailing Address City _____ State _____ Zip Code _____		Transaction ID : SA11AI.18618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____, _____, 20.00
Name of Employer _____	Occupation _____	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____, _____, 234.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y Y 02 / 21 / 2014
B. Mailing Address City _____ State _____ Zip Code _____		Transaction ID : SA11AI.18619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____, _____, 10.00
Name of Employer _____	Occupation _____	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____, _____, 244.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y Y 02 / 21 / 2014
C. Mailing Address City _____ State _____ Zip Code _____		Transaction ID : SA11AI.18620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____, _____, 10.00
Name of Employer _____	Occupation _____	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____, _____, 254.00	

SUBTOTAL of Receipts This Page (optional)	_____, _____, 40.00
TOTAL This Period (last page this line number only)	_____, _____, _____

14020683161

**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 147	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y 02 / 21 / 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 259.00	, , .

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y 02 / 21 / 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 264.00	, , .

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y Y 02 / 21 / 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 269.00	, , .

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	, , .

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Anonymous		Date of Receipt M M / D D / Y Y Y 02 21 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 274.00	, , .

Full Name (Last, First, Middle Initial) B. Anonymous		Date of Receipt M M / D D / Y Y Y 02 21 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 279.00	, , .

Full Name (Last, First, Middle Initial) C. Anonymous		Date of Receipt M M / D D / Y Y Y Y 02 21 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 284.00	, , .

SUBTOTAL of Receipts This Page (optional).....	, , .	15.00
TOTAL This Period (last page this line number only).....	, , .	.

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

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

FOR LINE NUMBER: PAGE 10 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D Y Y Y 02 21 2014
A. Mailing Address City State Zip Code		Transaction ID : SA11AI.18627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 289.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D Y Y Y 02 21 2014
B. Mailing Address City State Zip Code		Transaction ID : SA11AI.18628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 294.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D Y Y Y 02 21 2014
C. Mailing Address City State Zip Code		Transaction ID : SA11AI.18629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 295.00	

SUBTOTAL of Receipts This Page (optional).....	11.00
TOTAL This Period (last page this line number only).....	

14020683164

**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)

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

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

NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Anonymous		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 296.00	

Full Name (Last, First, Middle Initial) B. Anonymous		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 297.00	

Full Name (Last, First, Middle Initial) C. Anonymous		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 298.00	

SUBTOTAL of Receipts This Page (optional).....	3.00
TOTAL This Period (last page this line number only).....	

14020683165

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y 02 / 21 / 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 299.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y 02 / 21 / 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y 02 / 21 / 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 301.00	

SUBTOTAL of Receipts This Page (optional).....	3.00
TOTAL This Period (last page this line number only).....	

14020683166

**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 147	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014
A. Mailing Address City _____ State _____ Zip Code _____		Transaction ID : SA11AI.18636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____, _____, 1.00
Name of Employer _____	Occupation _____	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____, _____, 302.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014
B. Mailing Address City _____ State _____ Zip Code _____		Transaction ID : SA11AI.18637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____, _____, 1.00
Name of Employer _____	Occupation _____	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____, _____, 303.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014
C. Mailing Address City _____ State _____ Zip Code _____		Transaction ID : SA11AI.18638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____, _____, 1.00
Name of Employer _____	Occupation _____	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____, _____, 304.00	

SUBTOTAL of Receipts This Page (optional)	_____, _____, 3.00
TOTAL This Period (last page this line number only)	_____, _____, _____

14020683167

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D Y Y Y 02 21 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 305.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y Y 02 21 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 306.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D Y Y 02 21 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18641
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 307.00	

SUBTOTAL of Receipts This Page (optional)	3.00
TOTAL This Period (last page this line number only)	

14020683168

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Anonymous		Date of Receipt M M D D Y Y Y 02 21 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 308.00	

Full Name (Last, First, Middle Initial) B. Anonymous		Date of Receipt M M D D Y Y Y 03 07 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 328.00	

Full Name (Last, First, Middle Initial) C. Anonymous		Date of Receipt M M D D / Y Y Y 03 07 2014
Mailing Address City State Zip Code		Transaction ID : SA11AI.18644
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 348.00	

SUBTOTAL of Receipts This Page (optional)	41.00
TOTAL This Period (last page this line number only)	

14020683169

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

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

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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D Y Y 03 07 2014
Mailing Address		Transaction ID : SA11AI.18645
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 10.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 358.00

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D Y Y 03 07 2014
Mailing Address		Transaction ID : SA11AI.18646
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 5.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 363.00

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D Y Y 03 07 2014
Mailing Address		Transaction ID : SA11AI.18647
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 5.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 368.00

SUBTOTAL of Receipts This Page (optional).....	, , 20.00
TOTAL This Period (last page this line number only).....	, , .

14020683170

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D Y Y Y 03 07 2014
Mailing Address		Transaction ID : SA11AI.18648
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 5.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 373.00

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D Y Y Y 03 07 2014
Mailing Address		Transaction ID : SA11AI.18649
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 5.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 378.00

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D / Y Y Y 03 07 2014
Mailing Address		Transaction ID : SA11AI.18650
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 5.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 383.00

SUBTOTAL of Receipts This Page (optional).....	, , 15.00
TOTAL This Period (last page this line number only).....	, ,

14020683171

**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 147	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y Y 03 / 07 / 2014
A. Mailing Address City State Zip Code		Transaction ID : SA11AI.18651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 388.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y Y 03 / 07 / 2014
B. Mailing Address City State Zip Code		Transaction ID : SA11AI.18652
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 393.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D / Y Y Y 03 / 07 / 2014
C. Mailing Address City State Zip Code		Transaction ID : SA11AI.18653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 398.00	

SUBTOTAL of Receipts This Page (optional)	15.00
TOTAL This Period (last page this line number only)	

14020683172

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

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

FOR LINE NUMBER: PAGE 19 OF 147

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Anonymous
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Date of Receipt
 M M / D D / Y Y Y Y
 03 07 2014
 Transaction ID : SA11AI.18654
 Amount of Each Receipt this Period
 , , 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 , , 408.00

B. Anonymous
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Date of Receipt
 M M D D Y Y
 03 07 2014
 Transaction ID : SA11AI.18655
 Amount of Each Receipt this Period
 , , 5.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 , , 413.00

C. Anonymous
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Date of Receipt
 M M D D Y Y
 03 07 2014
 Transaction ID : SA11AI.18656
 Amount of Each Receipt this Period
 , , 2.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 , , 415.00

SUBTOTAL of Receipts This Page (optional) 17.00
TOTAL This Period (last page this line number only)

14020683173

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

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

FOR LINE NUMBER: PAGE 20 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D Y Y Y 03 07 2014
A. Mailing Address City State Zip Code		Transaction ID : SA11AI.18657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 416.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D / Y Y Y 03 07 2014
B. Mailing Address City State Zip Code		Transaction ID : SA11AI.18658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 417.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D Y Y Y 03 07 2014
C. Mailing Address City State Zip Code		Transaction ID : SA11AI.18659
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 418.00	

SUBTOTAL of Receipts This Page (optional)	, , 3.00
TOTAL This Period (last page this line number only)	, , .

14020683174

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M / D D Y Y 03 07 2014
A. Mailing Address City State Zip Code		Transaction ID : SA11AI.18660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 419.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D Y Y Y 03 07 2014
B. Mailing Address City State Zip Code		Transaction ID : SA11AI.18661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 420.00	

Full Name (Last, First, Middle Initial) Anonymous		Date of Receipt M M D D Y Y 03 07 2014
C. Mailing Address City State Zip Code		Transaction ID : SA11AI.18662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 421.00	

SUBTOTAL of Receipts This Page (optional)	, , 3.00
TOTAL This Period (last page this line number only)	, , .

14020683175

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Anonymous		Date of Receipt M M / D D / Y Y 03 / 07 / 2014
Mailing Address		Transaction ID : SA11AI.18663
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 422.00	

Full Name (Last, First, Middle Initial) B. Frank Baio		Date of Receipt M M / D D / Y Y Y 03 / 05 / 2014
Mailing Address 1810 W 7th St		Transaction ID : SA11AI.19778
City	State Zip Code	
Brooklyn	NY 11223	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Louie Baker		Date of Receipt M M / D D / Y Y Y 03 / 12 / 2014
Mailing Address 125 Tideland Court		Transaction ID : SA11AI.18981
City	State Zip Code	
Bonneau	SC 29431	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Retired	Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	501.00
TOTAL This Period (last page this line number only).....	

14020683176

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Richard Bastin		Date of Receipt M M / D D Y Y Y 03 03 2014
Mailing Address 486 Mariner Dr		Transaction ID : SA11AI.18486
City Jupiter	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) Stephen Bishop		Date of Receipt M M / D D Y Y Y 03 20 2014
Mailing Address 116 Saddlemount Drive		Transaction ID : SA11AI.19052
City Hopkins	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	, , .
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) Paul Breed		Date of Receipt M M / D D Y Y Y 02 19 2014
Mailing Address 712 E Solan Circle		Transaction ID : SA11AI.18732
City Solana Beach	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	, , .	2250.00
TOTAL This Period (last page this line number only).....	, , .	

14020683177

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Frank Brown		Date of Receipt M M D D / Y Y Y 02 07 2014	
Mailing Address 4026 Waterfield Dr		Transaction ID : SA11AI.18399	
City Marietta	State GA	Zip Code 30066	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation		
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) Kelvin Brown		Date of Receipt M M D D / Y Y Y 03 20 2014	
Mailing Address 33 Springsdans Ln		Transaction ID : SA11AI.19058	
City Columbia	State SC	Zip Code 29229	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Military	Occupation SCARNG		
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) Kelvin Brown		Date of Receipt M M D D / Y Y Y 03 20 2014	
Mailing Address 33 Springsdans Ln		Transaction ID : SA11AI.19059	
City Columbia	State SC	Zip Code 29229	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Military	Occupation SCARNG		
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)	750.00
TOTAL This Period (last page this line number only)	

14020683178

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Robinson S Brown		Date of Receipt M M / D D / Y Y Y 03 28 2014
Mailing Address 3600 Woodside Rd		Transaction ID : SA11AI.19183
City Louisville	State OH	Zip Code 44240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	1100.00

Full Name (Last, First, Middle Initial) Robinson S Brown Iii		Date of Receipt M M / D D / Y Y Y 01 15 2014
Mailing Address 3600 Woodside Road		Transaction ID : SA11AI.18843
City Louisville	State KY	Zip Code 40222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	1000.00

Full Name (Last, First, Middle Initial) Steven Bucher		Date of Receipt M M / D D / Y Y Y 02 18 2014
Mailing Address 28 Sapphire Point		Transaction ID : SA11AI.18723
City Morton	State IL	Zip Code 61150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	2600.00

SUBTOTAL of Receipts This Page (optional)	4600.00
TOTAL This Period (last page this line number only)	

14020683179

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Rj Bunch			Date of Receipt M M / D D / Y Y Y Y 03 27 2014		
A. Mailing Address 1443 Little Meadow Road			Transaction ID : SA11AI.19169		
City Guilford	State CT	Zip Code 06437-0000	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) James Bunton			Date of Receipt M M / D D / Y Y Y Y 03 10 2014		
B. Mailing Address 2601 Wolfe Creek Road			Transaction ID : SA11AI.18965		
City Walterboro	State SC	Zip Code 29488	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) William Burton			Date of Receipt M M / D D / Y Y Y Y 02 21 2014		
C. Mailing Address 491 Connecticut Ave			Transaction ID : SA11AI.18461		
City spartanburg	State SC	Zip Code 29302	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C			Name of Employer Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00			

SUBTOTAL of Receipts This Page (optional)	3600.00
TOTAL This Period (last page this line number only)	

14020683180

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Steven Busch			Date of Receipt M M / D D Y Y Y 01 24 2014		
Mailing Address 9855 Litzinger Rd			Transaction ID : SA11AI.18383		
City St. Louis	State MO	Zip Code 63124	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			Name of Employer		
Name of Employer		Occupation	Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

Full Name (Last, First, Middle Initial) Dustin Calhoun			Date of Receipt M M D D Y Y 03 21 2014		
Mailing Address PO Box 2987			Transaction ID : SA11AI.18538		
City Lakeland	State FL	Zip Code 33806	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			Name of Employer		
Name of Employer		Occupation	Election Cycle-to-Date 700.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

Full Name (Last, First, Middle Initial) Dustin Calhoun			Date of Receipt M M D D Y Y 03 21 2014		
Mailing Address PO Box 2987			Transaction ID : SA11AI.18552		
City Lakeland	State FL	Zip Code 33806	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			Name of Employer		
Name of Employer		Occupation	Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

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

14020683181

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Robert Campbell		Date of Receipt M M D D Y Y 02 14 2014
A. Mailing Address PO Box 11390		Transaction ID : SA11AI.18445
City Midland	State TX	Zip Code 79702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Marc Carella		Date of Receipt M M D D Y Y 03 15 2014
B. Mailing Address 2976 Solomons Island Rd		Transaction ID : SA11AI.18995
City Edgewater	State MD	Zip Code 21037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation insurance	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 605.00	

Full Name (Last, First, Middle Initial) Jean Carlton		Date of Receipt M M D D / Y Y Y Y 03 29 2014
C. Mailing Address 124 Folly Rd Blvd		Transaction ID : SA11AI.19224
City Charleston	State SC	Zip Code 29407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3800.00	

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

14020683182

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Walter Carr		Date of Receipt M M D D Y Y Y 01 24 2014
Mailing Address 5806 Campbell St		Transaction ID : SA11AI.18378
City Hannahan	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carr Properties	Occupation President	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) EARL CARSON		Date of Receipt M M D D Y Y Y 03 05 2014
Mailing Address 301 NORTH BROAD ST.		Transaction ID : SA11AI.18902
City MONROE	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Edward Carter		Date of Receipt M M D D Y Y Y 03 07 2014
Mailing Address 229 Limestone Rd		Transaction ID : SA11AI.18498
City Dorchester	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Appraisal Service of South Carolina	Occupation Real Estate Appraiser	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

SUBTOTAL of Receipts This Page (optional).....	, , .	1250.00
TOTAL This Period (last page this line number only).....	, , .	.

14020683187

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Giuseppe Cecchi		Date of Receipt M M D D Y Y Y 03 18 2014
Mailing Address 1700 N Moore St		Transaction ID : SA11AI.19943
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Stephen Chaletzky		Date of Receipt M M D D Y Y Y 03 18 2014
Mailing Address 20 Randolph Road		Transaction ID : SA11AI.19003
City Chestnut Hill	State MA	Zip Code 02467-0000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle initial) C. Cary Chastain		Date of Receipt M M D D Y Y Y 01 10 2014
Mailing Address PO Box 21690		Transaction ID : SA11AI.18360
City Charleston	State SC	Zip Code 29413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Moe's Southwest Grill	Occupation Owner	
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).....	1500.00
TOTAL This Period (last page this line number only).....	

14020683184

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Richard Chow		Date of Receipt M M D D Y Y Y 02 07 2014
Mailing Address 105a W. Columbia St.		Transaction ID : SA11AI.19594
City South Whitley	State IN	
Zip Code 46787		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Roush	Occupation Engineer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 220.00	

Full Name (Last, First, Middle Initial) Jeff P Clark		Date of Receipt M M D D Y Y Y 03 19 2014
Mailing Address 8 S Fork Dr		Transaction ID : SA11AI.21021
City Sheridan	State WY	
Zip Code 82801		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Mrs. William Clark		Date of Receipt M M D D Y Y Y 02 07 2014
Mailing Address 3716 Maplewood Ave		Transaction ID : SA11AI.18406
City Dallas	State TX	
Zip Code 17663		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

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

14020683185

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) M W Cockrell		Date of Receipt M M / D D / Y Y Y Y 03 11 2014
Mailing Address 309 East Main Street		Transaction ID : SA11AI.18974
City Chesterfield	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Cockrell Law Firm		, , 500.00
Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		, , 1000.00
Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) Ronald Cole		Date of Receipt M M / D D / Y Y Y Y 03 12 2014
Mailing Address 45 Esopus Ave		Transaction ID : SA11AI.18979
City Ulster Park	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Retired		, , 35.00
Occupation System Prog		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		, , 235.00
Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) Ronald Cole		Date of Receipt M M / D D / Y Y Y Y 03 30 2014
Mailing Address 45 Esopus Ave		Transaction ID : SA11AI.19250
City Ulster Park	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Retired		, , 35.00
Occupation System Prog		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		, , 270.00
Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	, , 570.00
TOTAL This Period (last page this line number only).....	, , .

14020683186

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Charles Conrad		Date of Receipt M M / D D Y Y 02 21 2014
Mailing Address 215 S. Carleila Lake Way		Transaction ID : SA11AI.18476
City Spartanburg	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Conrad & Assoc	Occupation Partner	, , 500.00
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) Ted Conrad		Date of Receipt M M / D D Y Y 02 21 2014
Mailing Address 507 Perrin Dr		Transaction ID : SA11AI.18474
City Spartanburg	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Conrad & Assoc	Occupation Partner	, , 500.00
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) Vicki W Cook		Date of Receipt M M / D D Y Y 03 19 2014
Mailing Address PO Box 1345		Transaction ID : SA11AI.20414
City Frostproof	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cook Mfg Group Inc.	Occupation Business Owner	, , 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

14020683187

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

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

FOR LINE NUMBER: PAGE 34 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Miles Cooper		Date of Receipt M M / D D / Y Y 02 / 06 / 2014
Mailing Address 7600 Charles Ferry Drive		Transaction ID : SA11AI.19566
City Columbia	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Partner/VP Design	Occupation Image Resource Group, Inc.	, , .
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) Kathrine Coudriet		Date of Receipt M M / D D / Y Y 03 / 05 / 2014
Mailing Address 219 coosaw point blvd		Transaction ID : SA11AI.18926
City Beaufort	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer None	Occupation Homemaker	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) George Cousar		Date of Receipt M M / D D / Y Y Y 03 / 07 / 2014
Mailing Address PO Box 5471		Transaction ID : SA11AI.20190
City Greenville	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	, , .	3150.00
TOTAL This Period (last page this line number only).....	, , .	.

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

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

FOR LINE NUMBER: PAGE 35 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Edward Cox			Date of Receipt M M D D Y Y 02 24 2014		
Mailing Address 2703 Coventry Ln.			Transaction ID : SA11AI.19672		
City Waukesha	State WI	Zip Code 53188	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, , 100.00		
Name of Employer		Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 260.00		

Full Name (Last, First, Middle Initial) Ronald J Crislip			Date of Receipt M M D D Y Y 01 03 2014		
Mailing Address 2319 Tyler St			Transaction ID : SA11AI.20611		
City Jenison	State MI	Zip Code 22407	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, , 98.00		
Name of Employer		Occupation Mason			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 218.00		

Full Name (Last, First, Middle Initial) Kathleen Crosby			Date of Receipt M M / D D / Y Y 03 / 05 / 2014		
Mailing Address 214 Apac Rd			Transaction ID : SA11AI.18927		
City Aiken	State SC	Zip Code 29801	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, , 100.00		
Name of Employer Usps		Occupation Retired Rural Carrier			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 400.00		

SUBTOTAL of Receipts This Page (optional)	, , 208.00
TOTAL This Period (last page this line number only)	, , .

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

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

FOR LINE NUMBER: PAGE 36 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Kathleen Crosby		Date of Receipt M M D D Y Y Y 03 30 2014
Mailing Address 214 Apac Rd		Transaction ID : SA11AI.19258
City Aiken	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Usps		, , 25.00
Occupation Retired Rural Carrier		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		, , 425.00
Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) B. Brian Cuddy		Date of Receipt M M D D Y Y Y 03 07 2014
Mailing Address 2145 Henry Tecklenburg Dr Suite 220		Transaction ID : SA11AI.18499
City Charleston	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Charleston Neurosurgical Assoc		, , 600.00
Occupation Doctor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		, , 2600.00
Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) C. Brian Cuddy		Date of Receipt M M D D Y Y Y 03 07 2014
Mailing Address 2145 Henry Tecklenburg Dr Suite 220		Transaction ID : SA11AI.22947
City Charleston	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Charleston Neurosurgical Assoc		, , 400.00
Occupation Doctor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		, , 3000.00
Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	, , 1025.00
TOTAL This Period (last page this line number only).....	, , .

14020683190

**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 147	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. T.R. Culler			Date of Receipt M M / D D / Y Y Y 03 31 2014	
Mailing Address 205 First Street P.O. Box 603			Transaction ID : SA11AI.18589	
City Cameron	State SC	Zip Code 29030	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	2000.00	

Full Name (Last, First, Middle Initial) B. Bill Cunningham			Date of Receipt M M / D D / Y Y Y 03 21 2014	
Mailing Address 13727 Kensal Green Dr			Transaction ID : SA11AI.19068	
City Charlotte	State NC	Zip Code 28278	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Thomson Reuters		Occupation Systems Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	371.00	

Full Name (Last, First, Middle Initial) C. Aj Czernecki Jr			Date of Receipt M M / D D / Y Y Y 03 20 2014	
Mailing Address 478 South Fork Drive			Transaction ID : SA11AI.19054	
City Leesville	State SC	Zip Code 29070	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	500.00	

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

14020683191

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Thomas Danielson			Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2014	
Mailing Address 14305 Morning Mountain Way			Transaction ID : SA11AI.18864	
City Milton	State GA	Zip Code 30328	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	300.00	

Full Name (Last, First, Middle Initial) Harry Danik			Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 3358 West 130th			Transaction ID : SA11AI.18678	
City Cleveland	State OH	Zip Code 44111	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	625.00	

Full Name (Last, First, Middle Initial) George Davenport			Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 117 Stonecrest Road			Transaction ID : SA11AI.19111	
City Greer	State SC	Zip Code 29650	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00	

SUBTOTAL of Receipts This Page (optional)	825.00
TOTAL This Period (last page this line number only)	

14020683192

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

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

FOR LINE NUMBER: PAGE 39 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Kenneth Davis		Date of Receipt M M / D D Y Y Y 01 / 02 2014
Mailing Address P.o. Box 999		Transaction ID : SA11AI.18868
City Fort Worth	State TX	
Zip Code 76101		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Ronald E Davis		Date of Receipt M M / D D Y Y Y 03 / 19 2014
Mailing Address 4401 Hughes Ln Spc 96		Transaction ID : SA11AI.21211
City Bakersfield	State CA	
Zip Code 93304		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
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) C. Paul Dinofrio		Date of Receipt M M / D D Y Y Y 02 / 19 2014
Mailing Address 7708 Briar Ln		Transaction ID : SA11AI.20615
City Bellaire	State MI	
Zip Code 32507		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

14020683193

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

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

FOR LINE NUMBER: PAGE 40 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Paul Dinofrio		Date of Receipt M M / D D / Y Y Y 03 05 2014
Mailing Address 7708 Briar Ln		Transaction ID : SA11AI.20616
City Bellaire	State MI	Zip Code 32507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Self	Occupation Retired	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 265.00	

Full Name (Last, First, Middle Initial) D.S. Doehrman		Date of Receipt M M / D D / Y Y Y 01 31 2014
Mailing Address 7932 Grand Bay Dr		Transaction ID : SA11AI.18389
City Naples	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation	, , .
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) James B. Downey		Date of Receipt M M / D D / Y Y Y 03 07 2014
Mailing Address 26000 Newbridge Drive		Transaction ID : SA11AI.21218
City Los Altos Hills	State CA	Zip Code 94022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional).....	, , .	740.00
TOTAL This Period (last page this line number only).....	, , .	.

14020683194

**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 147
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Tom Ducker			Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address 2357 Sorentrue Ave			Transaction ID : SA11AI.18854	
City North Charleston	State SC	Zip Code 29405	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer	Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00			

Full Name (Last, First, Middle Initial) Tyler B. Dunlap			Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 1770 Camden Highway			Transaction ID : SA11AI.19011	
City Sumter	State SC	Zip Code 29153	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer	Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00			

Full Name (Last, First, Middle Initial) John Easterling			Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 1016 Four Mile Branch Rd			Transaction ID : SA11AI.18549	
City Spartanburg	State SC	Zip Code 29302	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer	Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00			

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

14020683195

**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 147
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Brian Edmonston			Date of Receipt M M D D Y Y Y 03 06 2014		
A. Mailing Address 13460 Old Winery Rd			Transaction ID : SA11AI.18930		
City Poway	State CA	Zip Code 92064	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

Full Name (Last, First, Middle Initial) James Edwards			Date of Receipt M M D D Y Y Y 02 08 2014		
B. Mailing Address 801 South Garner Street			Transaction ID : SA11AI.18780		
City State College	State PA	Zip Code 16801	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4100.00			

Full Name (Last, First, Middle Initial) James Edwards			Date of Receipt M M D D Y Y Y 03 13 2014		
C. Mailing Address 801 South Garner Street			Transaction ID : SA11AI.18984		
City State College	State PA	Zip Code 16801	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4700.00			

SUBTOTAL of Receipts This Page (optional).....	, , 1350.00
TOTAL This Period (last page this line number only).....	, , .

14020683196

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) James Edwards		Date of Receipt M M / D D Y Y Y Y 03 22 2014
A. Mailing Address 801 South Garner Street		Transaction ID : SA11AI.19086
City State College	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Clearfield Hospital	Occupation Physician	500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	5200.00

Full Name (Last, First, Middle Initial) Ben Elmer		Date of Receipt M M / D D Y Y Y Y 03 18 2014
B. Mailing Address 9925 Sedgewick Ave		Transaction ID : SA11AI.20832
City Plano	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation retired	100.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	300.00

Full Name (Last, First, Middle Initial) Lisa Emeott		Date of Receipt M M / D D / Y Y Y Y 02 23 2014
C. Mailing Address 5608 Silentbrook Ln		Transaction ID : SA11AI.18702
City Rolling Meadows	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer None	Occupation Accountant, Currently Not Working	8.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	295.00

SUBTOTAL of Receipts This Page (optional).....	608.00
TOTAL This Period (last page this line number only).....	

14020683197

**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 147
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Lisa Emeott		Date of Receipt M M D D Y Y 03 01 2014
Mailing Address 5608 Silentbrook Ln		Transaction ID : SA11AI.18878
City Rolling Meadows	State IL	Zip Code 60008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.00
Name of Employer None	Occupation Accountant, Currently Not Working	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 302.00	

Full Name (Last, First, Middle Initial) Rebecca Eubank		Date of Receipt M M D D Y Y Y 02 07 2014
Mailing Address 745 Creekside Dr		Transaction ID : SA11AI.18422
City Mt. Pleasant	State SC	Zip Code 29464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Justin Evans		Date of Receipt M M / D D Y Y Y 01 22 2014
Mailing Address 2701 Rosewood Dr, Suite D		Transaction ID : SA11AI.21610
City Charleston	State SC	Zip Code 29205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer Boykin and Co.	Occupation Owner	In-kind - Bumper Stickers
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1600.00	

SUBTOTAL of Receipts This Page (optional).....	2107.00
TOTAL This Period (last page this line number only).....	

14020683198

**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 147
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Andrew Falatok			Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 1 Yeaman's Hall Ct			Transaction ID : SA11AI.18555	
City Spartanburg	State SC	Zip Code 29306	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Tex Mach Inc	Occupation President			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	2600.00	

Full Name (Last, First, Middle Initial) B. Paul Ferreira			Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 101 West End Avenue #25f			Transaction ID : SA11AI.19193	
City New York	State MA	Zip Code 02116-0000	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer	Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	500.00	

Full Name (Last, First, Middle Initial) C. William Finn			Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 59 Krier Lane			Transaction ID : SA11AI.18567	
City Mount Pleasant	State SC	Zip Code 29464	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer	Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00	

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

14020683199

**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 147	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Richard Francis			Date of Receipt M M / D D Y Y 02 / 21 2014	
Mailing Address PO Box 540580			Transaction ID : SA11AI.20781	
City Omaha	State NE	Zip Code 68154	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	500.00	

Full Name (Last, First, Middle Initial) Robert Fullerton			Date of Receipt M M / D D Y Y 03 / 21 2014	
Mailing Address 1050 Westbrooke Way			Transaction ID : SA11AI.18535	
City Atlanta	State GA	Zip Code 30319	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	250.00	

Full Name (Last, First, Middle Initial) Robert Fullerton			Date of Receipt M M / D D Y Y 03 / 28 2014	
Mailing Address 1050 Westbrooke Way			Transaction ID : SA11AI.18578	
City Atlanta	State GA	Zip Code 30319	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	450.00	

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

14020683200

**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 147
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Lawrence Gaslow		Date of Receipt M M / D D / Y Y Y 03 / 21 / 2014
Mailing Address 105 Madison Ave Floor 15		Transaction ID : SA11AI.18557
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	1000.00

Full Name (Last, First, Middle Initial) B. Alonzo Gates		Date of Receipt M M / D D / Y Y Y 03 / 12 / 2014
Mailing Address 785 Burr Rd		Transaction ID : SA11AI.20947
City San Antonio	State TX	Zip Code 78209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	2600.00

Full Name (Last, First, Middle Initial) C. Susan Gau		Date of Receipt M M / D D / Y Y Y 02 / 19 / 2014
Mailing Address 2008 Shell		Transaction ID : SA11AI.18736
City Midland	State TX	Zip Code 79705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ccc. Inc.	Occupation Cob	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	225.00

SUBTOTAL of Receipts This Page (optional)	3700.00
TOTAL This Period (last page this line number only)	

14020683201

**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 147	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Andrew Geer			Date of Receipt M M / D D / Y Y 03 / 26 / 2014	
A. Mailing Address 844 Sheldon Road			Transaction ID : SA11AI.19126	
City Charleston	State SC	Zip Code 29407	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00	
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00	Amount of Each Receipt this Period 600.00	

Full Name (Last, First, Middle Initial) Bruce Gelb			Date of Receipt M M / D D / Y Y 02 / 07 / 2014	
B. Mailing Address 111 E 56th St Suite 211			Transaction ID : SA11AI.18409	
City New York City	State NY	Zip Code 10002	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00	
Name of Employer Retired		Occupation	Amount of Each Receipt this Period 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	Amount of Each Receipt this Period 250.00	

Full Name (Last, First, Middle Initial) Jimmy Gibbs			Date of Receipt M M / J J / Y Y 01 / 17 / 2014	
C. Mailing Address PO Box 1727			Transaction ID : SA11AI.18375	
City Spartanburg	State SC	Zip Code 29304	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00	
Name of Employer Gibbs International		Occupation Owner	Amount of Each Receipt this Period 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	Amount of Each Receipt this Period 500.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

14020683202

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Austin Gilbert		Date of Receipt M M / D D Y Y Y 03 24 2014
Mailing Address Po Box 3009		Transaction ID : SA11AI.19097
City Florence	State SC	Zip Code 29502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	600.00

Full Name (Last, First, Middle Initial) Mary Beth Glotzbach		Date of Receipt M M / D D Y Y Y 03 27 2014
Mailing Address 2728 Goldbug Ave		Transaction ID : SA11AI.19160
City Sullivans Island	State SC	Zip Code 29482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Mary Kay Sales Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	600.00

Full Name (Last, First, Middle Initial) Reginald Gray		Date of Receipt M M / D D Y Y Y 03 28 2014
Mailing Address 2604 Agustus St		Transaction ID : SA11AI.18562
City Daniel Island	State SC	Zip Code 29492
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	250.00

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

14020683203

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 147	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Richard S Griffith		Date of Receipt M M / D D / Y Y Y 02 04 2014	
A. Mailing Address 3417 Milam St		Transaction ID : SA11AI.20793	
City Houston	State LA	Zip Code 70509	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00	
Name of Employer Richard Griffith	Occupation Investor	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date		650.00	

Full Name (Last, First, Middle Initial) George E. Ham		Date of Receipt M M / D D / Y Y Y Y 03 19 2014	
B. Mailing Address 4304 South Mills Street		Transaction ID : SA11AI.20743	
City Independence	State MO	Zip Code 64055	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date		1000.00	

Full Name (Last, First, Middle Initial) David Hand		Date of Receipt M M / D D / Y Y Y Y 03 12 2014	
C. Mailing Address 510 Gibbs St		Transaction ID : SA11AI.18516	
City Charleston	State SC	Zip Code 29492	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Thompson Companies	Occupation President	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)	1400.00
TOTAL This Period (last page this line number only)	

14020683204

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 147
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Drew Hanna		Date of Receipt M M / D D Y Y Y 03 26 2014
A. Mailing Address 153 Sprig Lane		Transaction ID : SA11AI.19115
City Murrells Inlet	State Zip Code SC 29576	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 1000.00
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) Thomas Hannah		Date of Receipt M M / D D Y Y Y 03 28 2014
B. Mailing Address 837 Glendalyn Ave		Transaction ID : SA11AI.18583
City spartanburg	State Zip Code SC 29302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 2600.00

Full Name (Last, First, Middle Initial) Doris Hare		Date of Receipt M M / D D Y Y Y 03 05 2014
C. Mailing Address 19 Oyster Reef Dr		Transaction ID : SA11AI.20313
City Hilton Head Island	State Zip Code SC 29926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 500.00
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).....	, , 4100.00
TOTAL This Period (last page this line number only).....	, , .

14020683205

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 OF 147
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Jonathan Harvey			Date of Receipt M M / D D / Y Y Y Y 03 03 2014		
A. Mailing Address 1618 Jessamine Rd			Transaction ID : SA11AI.18485		
City Charleston	State SC	Zip Code 29407	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Name of Employer Hughey Injury Lawyers		
Name of Employer Hughey Injury Lawyers		Occupation Office Manager	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) Sam Hines			Date of Receipt M M / D D / Y Y Y Y 02 07 2014		
B. Mailing Address 2457 Sylvan Shores Dr			Transaction ID : SA11AI.18404		
City Charleston	State SC	Zip Code 29414	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			Name of Employer		
Name of Employer		Occupation	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		300.00			

Full Name (Last, First, Middle Initial) Bruce Holstein			Date of Receipt M M / D D / Y Y Y Y 03 25 2014		
C. Mailing Address 1115 Woodburn Road			Transaction ID : SA11AI.19108		
City Spartanburg	State SC	Zip Code 29302	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			Name of Employer Spartanburg Health		
Name of Employer Spartanburg Health		Occupation CEO	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		1000.00			

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

14020683206

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

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

FOR LINE NUMBER: PAGE 53 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Jane Huggin			Date of Receipt M M / D D Y Y Y Y 01 17 2014	
Mailing Address 838 S Parker Dr			Transaction ID : SA11AI.21365	
City Florence	State SC	Zip Code 29501	Amount of Each Receipt this Period 1400.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1400.00		

Full Name (Last, First, Middle Initial) Jane Huggin			Date of Receipt M M / D D Y Y Y Y 01 17 2014	
Mailing Address 838 S Parker Dr			Transaction ID : SA11AI.22949	
City Florence	State SC	Zip Code 29501	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4000.00		

Full Name (Last, First, Middle Initial) Jane Huggin			Date of Receipt M M / D D Y Y Y Y 03 31 2014	
Mailing Address 838 S Parker Dr			Transaction ID : SA11AI.21389	
City Florence	State SC	Zip Code 29501	Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional)	5200.00
TOTAL This Period (last page this line number only)	

14020683207

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

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

FOR LINE NUMBER: PAGE 54 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Rex Huggin		Date of Receipt M M / D D / Y Y Y 01 17 2014
Mailing Address 838 S. Parker Dr		Transaction ID : SA11AI.21363
City Florence	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1400.00	

Full Name (Last, First, Middle Initial) B. Rex Huggin		Date of Receipt M M / D D / Y Y Y 01 17 2014
Mailing Address 838 S. Parker Dr		Transaction ID : SA11AI.22948
City Florence	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) C. Rex Huggin		Date of Receipt M M / D D / Y Y Y 03 31 2014
Mailing Address 838 S. Parker Dr		Transaction ID : SA11AI.21388
City Florence	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	, , .	5200.00
TOTAL This Period (last page this line number only).....	, , .	.

14020683208

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

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

FOR LINE NUMBER: PAGE 55 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Jack Hughes		Date of Receipt M M D D / Y Y Y 01 31 2014
Mailing Address 180 Hart Rd		Transaction ID : SA11AI.18387
City Judsonia	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 100.00
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) Jack Hughes		Date of Receipt M M D D / Y Y Y Y 03 31 2014
Mailing Address 180 Hart Rd		Transaction ID : SA11AI.18590
City Judsonia	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 100.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 600.00

Full Name (Last, First, Middle Initial) Samuel P Hughes		Date of Receipt M M D D / Y Y Y 03 28 2014
Mailing Address 310 Chessington Cir		Transaction ID : SA11AI.20143
City Summerville	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation Retired	, , 200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 300.00

SUBTOTAL of Receipts This Page (optional)	, , 400.00
TOTAL This Period (last page this line number only)	, , .

14020683209

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Peter Irussi			Date of Receipt M M D D Y Y Y 02 14 2014		
Mailing Address 323 Old Cypress Ct			Transaction ID : SA11AI.18440		
City Pawleys Island	State SC	Zip Code 29585	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self		Occupation Doctor			
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. Andrew Irvin			Date of Receipt M M D D Y Y Y 03 29 2014		
Mailing Address 612 Howell Dr			Transaction ID : SA11AI.19231		
City Locust Grove	State GA	Zip Code 30248	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Pyro Corp		Occupation Small Business Owner			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	750.00		

Full Name (Last, First, Middle Initial) C. charles johnson			Date of Receipt M M D D Y Y Y 02 14 2014		
Mailing Address 19 saint andrews drive			Transaction ID : SA11AI.18771		
City jackson	State MS	Zip Code 39211	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

14020683210

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

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

FOR LINE NUMBER: PAGE 57 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Jim Johnson			Date of Receipt M M / D D / Y Y Y 02 / 04 / 2014		
Mailing Address P.O. Box 1144			Transaction ID : SA11AI.19531		
City Troy	State MT	Zip Code 59935	Amount of Each Receipt this Period , , 100.00		
FEC ID number of contributing federal political committee. C					
Name of Employer chl or rid		Occupation marketing			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 225.00		

Full Name (Last, First, Middle Initial) Jim Johnson			Date of Receipt M M / D D / Y Y Y 02 / 21 / 2014		
Mailing Address P.O. Box 1144			Transaction ID : SA11AI.19656		
City Troy	State MT	Zip Code 59935	Amount of Each Receipt this Period , , 100.00		
FEC ID number of contributing federal political committee. C					
Name of Employer chl or rid		Occupation marketing			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 325.00		

Full Name (Last, First, Middle Initial) James T Jones			Date of Receipt M M / D D / Y Y Y 01 / 23 / 2014		
Mailing Address 115 Grace Nell Dr			Transaction ID : SA11AI.20714		
City Paducah	State IL	Zip Code 60632	Amount of Each Receipt this Period , , 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 525.00		

SUBTOTAL of Receipts This Page (optional).....	, , 700.00
TOTAL This Period (last page this line number only).....	, , .

14020683211

**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 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Donald H Keller		Date of Receipt M M / D D / Y Y Y 03 / 19 / 2014
Mailing Address 10 Cape Rd		Transaction ID : SA11AI.19701
City Mendon	State WA	Zip Code 98057
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation Retired	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) Jim Keller		Date of Receipt M M / D D / Y Y Y 01 / 07 / 2014
Mailing Address 121 Cedar St.		Transaction ID : SA11AI.18857
City San Antonio	State TX	Zip Code 78210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Jim Keller		Date of Receipt M M / D D / Y Y Y 01 / 22 / 2014
Mailing Address 121 Cedar St.		Transaction ID : SA11AI.18835
City San Antonio	State TX	Zip Code 78210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	.

14020683212

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

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

FOR LINE NUMBER: PAGE 59 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Braeden Kershner		Date of Receipt M M D D / Y Y Y 02 01 2014	
Mailing Address 162 Seven Farms Drive #305		Transaction ID : SA11AI.21613	
City Charleston State SC Zip Code 29492	Amount of Each Receipt this Period , , 382.16		
FEC ID number of contributing federal political committee. C		In-kind - Office Space (owns Black Tie Music Academy LLC)	
Name of Employer Black Tie Music Academy LLC	Occupation owner	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date , , 382.16			
Full Name (Last, First, Middle Initial) B. Braeden Kershner		Date of Receipt M M D D / Y Y Y 03 01 2014	
Mailing Address 162 Seven Farms Drive #305		Transaction ID : SA11AI.21615	
City Charleston State SC Zip Code 29492	Amount of Each Receipt this Period , , 382.16		
FEC ID number of contributing federal political committee. C		In-kind - Office Space (owns Black Tie Music Academy LLC)	
Name of Employer Black Tie Music Academy LLC	Occupation owner	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date , , 764.32			
Full Name (Last, First, Middle Initial) C. Gerald Kirke		Date of Receipt M M D D / Y Y Y 01 07 2014	
Mailing Address 5465 Mills Civic Pkky Suite 400		Transaction ID : SA11AI.18859	
City West Des Moines State IA Zip Code 50266	Amount of Each Receipt this Period , , 2600.00		
FEC ID number of contributing federal political committee. C		In-kind - Office Space (owns Black Tie Music Academy LLC)	
Name of Employer	Occupation	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date , , 2600.00			
SUBTOTAL of Receipts This Page (optional).....		, , 3364.32	
TOTAL This Period (last page this line number only).....		, ,	

14020683213

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

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

FOR LINE NUMBER: PAGE 60 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Gerald Kirke		Date of Receipt M M D D Y Y Y 03 21 2014
Mailing Address 5465 Mills Civic Pkwy Suite 400		Transaction ID : SA11AI.18559
City West Des Moines	State IA	
Zip Code 50266		Amount of Each Receipt this Period , , 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 3600.00	

Full Name (Last, First, Middle Initial) Brenda Komarek		Date of Receipt M M D D Y Y Y 01 24 2014
Mailing Address 2033 Turk Hill Road		Transaction ID : SA11AI.18833
City Fairport	State NY	
Zip Code 14450		Amount of Each Receipt this Period , , 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1000.00	

Full Name (Last, First, Middle Initial) Dean Koontz		Date of Receipt M M J D Y Y Y 01 15 2014
Mailing Address PO Box 9529		Transaction ID : SA11AI.21195
City Newport Beach	State CA	
Zip Code 92658		Amount of Each Receipt this Period , , 2600.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 2600.00	

SUBTOTAL of Receipts This Page (optional).....	, , 4600.00
TOTAL This Period (last page this line number only).....	, , .

14020683214

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

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

FOR LINE NUMBER: PAGE 61 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Neal Kottkeh		Date of Receipt M M D D Y Y 02 07 2014
Mailing Address 155 N Harbor Dr Apt 512		Transaction ID : SA11AI.18426
City Chicago	State Zip Code IL 60601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Neal Kottke	Occupation Self	, , .
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) aldo laghi		Date of Receipt M M D D / Y Y 03 11 2014
Mailing Address 2895 42nd ave north		Transaction ID : SA11AI.18975
City st petersburg	State Zip Code FL 33714	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ceo	Occupation alps south llc	, , .
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) Jane Lamm		Date of Receipt M M / D D / Y Y Y 03 07 2014
Mailing Address PO Box 391		Transaction ID : SA11AI.18497
City Isle of Palms	State Zip Code SC 29451	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	, , . 2500.00
TOTAL This Period (last page this line number only).....	, , .

14020683215

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. David Landwehr			Date of Receipt M M / D D / Y Y Y Y 03 29 2014		
Mailing Address 2837 N Edwards St			Transaction ID : SA11AI.19219		
City Wichita	State KS	Zip Code 67204	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			, , .		
Name of Employer Sales		Occupation LT Care SOLUTIONS	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	750.00		
			, , .		

Full Name (Last, First, Middle Initial) B. Nathan Lausch			Date of Receipt M M / D D / Y Y Y Y 02 26 2014		
Mailing Address 1643B Savannah Highway, #219			Transaction ID : SA11AI.18701		
City Charleston	State SC	Zip Code 29407	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			, , .		
Name of Employer Gulf Stream		Occupation Project Manager	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	800.00		
			, , .		

Full Name (Last, First, Middle Initial) C. Nathan Lausch			Date of Receipt M M / D D / Y Y Y Y 03 17 2014		
Mailing Address 1643B Savannah Highway, #219			Transaction ID : SA11AI.19001		
City Charleston	State SC	Zip Code 29407	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			, , .		
Name of Employer Gulf Stream		Occupation Project Manager	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1050.00		
			, , .		

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

14020683216

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Anne Leclercq			Date of Receipt M M / D D / Y Y Y 03 / 03 / 2014		
Mailing Address 120 Meeting St			Transaction ID : SA11AI.18483		
City Charleston	State SC	Zip Code 29401	Amount of Each Receipt this Period , , 1000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Alykon Arts & Antiques		Occupation			
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. Richard Lee			Date of Receipt M M / D D / Y Y Y 01 / 17 / 2014		
Mailing Address PO Box 2113			Transaction ID : SA11AI.18371		
City Orlando	State FL	Zip Code 32082	Amount of Each Receipt this Period , , 2600.00		
FEC ID number of contributing federal political committee. C					
Name of Employer LeeVista Inc		Occupation Executive			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 2600.00		

Full Name (Last, First, Middle Initial) C. Richard Lee			Date of Receipt M M / D D / Y Y Y 01 / 17 / 2014		
Mailing Address PO Box 2113			Transaction ID : SA11AI.22946		
City Orlando	State FL	Zip Code 32082	Amount of Each Receipt this Period , , 2600.00		
FEC ID number of contributing federal political committee. C					
Name of Employer LeeVista Inc		Occupation Executive			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 5200.00		

SUBTOTAL of Receipts This Page (optional).....	, , 6200.00
TOTAL This Period (last page this line number only).....	, , .

14020683217

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Herbert Alan Levin			Date of Receipt M M / D D / Y Y Y 02 20 2014		
Mailing Address 724 E Grinnell Dr			Transaction ID : SA11AI.21141		
City Burbank	State CA	Zip Code 91501	Amount of Each Receipt this Period , , 100.00		
FEC ID number of contributing federal political committee. C			, , *		
Name of Employer Department Of Justice Of The State Cal		Occupation Lawyer	, , *		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 285.00	, , *		
Full Name (Last, First, Middle Initial) Herbert Alan Levin			Date of Receipt M M / D D / Y Y Y 03 12 2014		
Mailing Address 724 E Grinnell Dr			Transaction ID : SA11AI.21142		
City Burbank	State CA	Zip Code 91501	Amount of Each Receipt this Period , , 75.00		
FEC ID number of contributing federal political committee. C			, , *		
Name of Employer Department Of Justice Of The State Cal		Occupation Lawyer	, , *		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 360.00	, , *		
Full Name (Last, First, Middle Initial) Herbert Alan Levin			Date of Receipt M M / D D / Y Y Y 03 20 2014		
Mailing Address 724 E Grinnell Dr			Transaction ID : SA11AI.21143		
City Burbank	State CA	Zip Code 91501	Amount of Each Receipt this Period , , 35.00		
FEC ID number of contributing federal political committee. C			, , *		
Name of Employer Department Of Justice Of The State Cal		Occupation Lawyer	, , *		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 395.00	, , *		
SUBTOTAL of Receipts This Page (optional).....			, , 210.00		
TOTAL This Period (last page this line number only).....			, , *		

14020683218

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Fraya Lindemann		Date of Receipt M M D D Y Y 03 21 2014	
Mailing Address 1565 North Ocean Way		Transaction ID : SA11AI.18554	
City Palm Beach	State FL	Zip Code 33480	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) John Lodge		Date of Receipt M M D D Y Y Y 03 28 2014	
Mailing Address PO Box 96559		Transaction ID : SA11AI.21385	
City Houston	State TX	Zip Code 77213	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) Woodrow Long		Date of Receipt M M / D D Y Y 01 13 2014	
Mailing Address 1570 Huntingdon Trail		Transaction ID : SA11AI.18848	
City Atlanta	State GA	Zip Code 30350	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bus Dev	Occupation Qualcomm		
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).....	

14020683219

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Guy Mabee		Date of Receipt M M / D D Y Y Y 03 28 2014
Mailing Address 2555 Stagecoach Trail		Transaction ID : SA11AI.19211
City Gordon	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	, , .
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. Anne Mace		Date of Receipt M M D D Y Y 01 10 2014
Mailing Address 108 North Norfolk		Transaction ID : SA11AI.18362
City Goose Creek	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1050.00
Name of Employer Retired	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) C. Anne Mace		Date of Receipt M M D D Y Y 01 10 2014
Mailing Address 108 North Norfolk		Transaction ID : SA11AI.24984
City Goose Creek	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation	, , .
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2650.00	

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	.

14020683220

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

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

FOR LINE NUMBER: PAGE 67 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Anne Mace		Date of Receipt M M / D D / Y Y Y 03 / 29 / 2014
Mailing Address 108 North Norfolk		Transaction ID : SA11AI.19221
City Goose Creek	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2375.00
Name of Employer Retired	Occupation	, , .
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5025.00	

Full Name (Last, First, Middle Initial) B. James Mace		Date of Receipt M M / D D / Y Y Y 01 / 10 / 2014
Mailing Address 108 N Norfolk Way		Transaction ID : SA11AI.18364
City Goose Creek	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Retired	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) C. James Mace		Date of Receipt M M / D D / Y Y Y 03 / 29 / 2014
Mailing Address 108 N Norfolk Way		Transaction ID : SA11AI.19227
City Goose Creek	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Retired	Occupation	, , .
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	, , .	7575.00
TOTAL This Period (last page this line number only).....	, , .	.

14020683221

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Richard Mace		Date of Receipt M M D D Y Y Y 01 09 2014
Mailing Address 39 Round Top Ln		Transaction ID : SA11AI.19866
City Gettysburg	State PA Zip Code 17325	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Elizabeth C Maners		Date of Receipt M M D D Y Y Y 03 24 2014
Mailing Address 1980 Gray Oaks Drive		Transaction ID : SA11AI.19102
City Conway	State SC Zip Code 29526	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Kenneth Mankins		Date of Receipt M M / D D Y Y 02 18 2014
Mailing Address 808 LAVON LANE		Transaction ID : SA11AI.18724
City Temple	State TX Zip Code 76502	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	, , . 850.00
TOTAL This Period (last page this line number only).....	, , .

14020683222

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Victoria Marone		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
A. Mailing Address 5502 W Washington Blvd		Transaction ID : SA11AI.19693	
City Milwaukee	State WI	Zip Code 53208	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) Mark Marshall		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014	
B. Mailing Address PO Box 18908		Transaction ID : SA11AI.18505	
City Corpus Christi	State TX	Zip Code 78480	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Author/Investor		
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) Scott Massey		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
C. Mailing Address 7 Richmond Lane		Transaction ID : SA11AI.18978	
City Blythewood	State SC	Zip Code 29016	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Castle Medical	Occupation Vice President		
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).....	1750.00
TOTAL This Period (last page this line number only).....	

14020683223

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Jennings McAbee		Date of Receipt M M / D D Y Y 01 10 2014
Mailing Address 121 Petigru Cir		Transaction ID : SA11AI.18356
City McCormick	State Zip Code SC 29835	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Josh McAfee		Date of Receipt M M / D D Y Y Y 03 24 2014
Mailing Address 630 Valley Hall Dr.		Transaction ID : SA11AI.19095
City Atlanta	State Zip Code GA 30350	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Gary W McCoy		Date of Receipt M M / D D Y Y 02 19 2014
Mailing Address 21785 Point Lookout Rd		Transaction ID : SA11AI.19911
City Leonardtown	State Zip Code MD 17601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

14020683224

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Jim McManus		Date of Receipt M M / D D Y Y Y Y 02 06 2014	
A. Mailing Address 88 Chestnut Street		Transaction ID : SA11AI.19577	
City Weston	State MA	Zip Code 02493-0000	Amount of Each Receipt this Period , , 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		, , 450.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) Caroline McQueeney		Date of Receipt M M / D D Y Y Y Y 03 27 2014	
B. Mailing Address 1832 Maybank Hwy		Transaction ID : SA11AI.19172	
City Charleston	State SC	Zip Code 29412	Amount of Each Receipt this Period , , 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Home Maker		, , 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) Dena Meek		Date of Receipt M M / D D Y Y Y Y 03 28 2014	
C. Mailing Address 560 Diamond Point Dr.		Transaction ID : SA11AI.19207	
City Oak Point	State TX	Zip Code 75068	Amount of Each Receipt this Period , , 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		, , 550.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

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

14020683225

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

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

FOR LINE NUMBER: PAGE 72 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Robert Millenbine		Date of Receipt M M D D / Y Y 03 21 2014
A. Mailing Address 1528 Sanford Rd		Transaction ID : SA11AI.18547
City Charleston	State SC	Zip Code 29407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 300.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 300.00

Full Name (Last, First, Middle Initial) David Mitchell		Date of Receipt M M D D / Y Y 02 18 2014
B. Mailing Address 109 Whites Mill Way		Transaction ID : SA11AI.18729
City Spartanburg	State SC	Zip Code 29307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Oa	Occupation Physician	, , 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 1425.00

Full Name (Last, First, Middle Initial) David Mitchell		Date of Receipt M M D D / Y Y 03 26 2014
C. Mailing Address 109 Whites Mill Way		Transaction ID : SA11AI.19122
City Spartanburg	State SC	Zip Code 29307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Oa	Occupation Physician	, , 100.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 1525.00

SUBTOTAL of Receipts This Page (optional)	, , 900.00
TOTAL This Period (last page this line number only)	, , .

14020683226

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

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

FOR LINE NUMBER: PAGE 73 OF 147

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Jeffrey Moe		Date of Receipt M M D D Y Y Y 03 07 2014
Mailing Address 16608 Red Canyon Ranch Road		Transaction ID : SA11AI.18951
City Loveland	State CO	
Zip Code 80538		Amount of Each Receipt this Period 2600.00 , , .
FEC ID number of contributing federal political committee. C		
Name of Employer Aleph Objects, Inc.	Occupation Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00 , , .	

Full Name (Last, First, Middle Initial) John W Moorhouse		Date of Receipt M M D D / Y Y Y Y 03 05 2014
Mailing Address 971 Pamela Cir		Transaction ID : SA11AI.20536
City Maineville	State OH	
Zip Code 48169		Amount of Each Receipt this Period 240.00 , , .
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired Police Officer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 320.00 , , .	

Full Name (Last, First, Middle Initial) Elizabeth M. Oleson		Date of Receipt M M D D Y Y Y 03 28 2014
Mailing Address 807 4th Street		Transaction ID : SA11AI.18579
City Kalona	State IA	
Zip Code 52247		Amount of Each Receipt this Period 300.00 , , .
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00 , , .	

SUBTOTAL of Receipts This Page (optional).....	3140.00 , , .
TOTAL This Period (last page this line number only).....	, , .

14020683227

**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)

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<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Amanda Orson		Date of Receipt M M / D D Y Y 02 / 07 2014
Mailing Address 115 Nichols Hill Rd		Transaction ID : SA11AI.18782
City Washington	State CT	
Zip Code 06793-0000		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Overton		Date of Receipt M M / D D Y Y 03 / 28 2014
Mailing Address 5859 Harvour View Blvd		Transaction ID : SA11AI.18570
City Suffolk	State VA	
Zip Code 23435		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Mildred Peery		Date of Receipt M M / D D Y Y 03 / 26 2014
Mailing Address 2200 Cowper		Transaction ID : SA11AI.19131
City Palo Alto	State CA	
Zip Code 94301		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer retired teacher	Occupation none	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

14020683228

**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 75 OF 147	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) George Pfaff		Date of Receipt M M / D D Y Y Y 02 21 2014	
A. Mailing Address 16 Salisbury Dr Apt 7118		Transaction ID : SA11AI.18465	
City Asheville	State NC	Zip Code 28903	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Jose Pino-Y-Torres		Date of Receipt M M D D Y Y Y Y 02 26 2014	
B. Mailing Address 168 SKYLINE DRIVE		Transaction ID : SA11AI.18694	
City Milford	State PA	Zip Code 18337	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Name of Employer	
Self Employed		Occupation Md	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 210.00	

Full Name (Last, First, Middle Initial) Donald Plunkett		Date of Receipt M M / D D / Y Y Y 03 03 2014	
C. Mailing Address 6065 Lake Forrest Dr Suite 100		Transaction ID : SA11AI.18481	
City Atlanta	State GA	Zip Code 30328	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer	
Plunkett Commercial Properties		Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional)	2025.00
TOTAL This Period (last page this line number only)	

14020683229

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Brian Poi			Date of Receipt M M / D D / Y Y Y Y 03 06 2014	
Mailing Address 235 Cloud Pl			Transaction ID : SA11AI.18942	
City West Chester	State PA	Zip Code 19380	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			, , *	
Name of Employer Moody's Corporation	Occupation Economist		250.00	
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) Sheila Prezzano			Date of Receipt M M / D D / Y Y Y Y 03 21 2014	
Mailing Address 28 Murray Blvd			Transaction ID : SA11AI.18542	
City Charleston	State SC	Zip Code 29401	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			, , *	
Name of Employer	Occupation		250.00	
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) Norman Pulliam			Date of Receipt M M / D D / Y Y Y Y 03 21 2014	
Mailing Address 812 E Main St			Transaction ID : SA11AI.18545	
City Spartanburg	State SC	Zip Code 29302	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			, , *	
Name of Employer	Occupation		250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	250.00	
			, , *	

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

14020683230

**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 77 OF 147	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Lenora Pusta			Date of Receipt M M D D / Y Y Y 03 21 2014	
A. Mailing Address 138 West Sunflower Drive			Transaction ID : SA11AI.19069	
City Payson	State AZ	Zip Code 85541	Amount of Each Receipt this Period 1600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	2600.00	

Full Name (Last, First, Middle Initial) Lenora Pusta			Date of Receipt M M D D / Y Y Y 03 21 2014	
B. Mailing Address 138 West Sunflower Drive			Transaction ID : SA11AI.22945	
City Payson	State AZ	Zip Code 85541	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	3600.00	

Full Name (Last, First, Middle Initial) Elijah W Ramsey			Date of Receipt M M D D / Y Y Y 03 11 2014	
C. Mailing Address 207 Kees Cir			Transaction ID : SA11AI.20792	
City Lafayette	State LA	Zip Code 70506	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	350.00	

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

14020683231

**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 78 OF 147
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Daniel Ray			Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014		
Mailing Address 2001 North 8th Street			Transaction ID : SA11AI.19100		
City Springfield	State IL	Zip Code 62702	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, , 25.00		
Name of Employer Retired		Occupation Retired	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 275.00		

Full Name (Last, First, Middle Initial) Norman E Rees			Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014		
Mailing Address 2406 High Pointe Ct			Transaction ID : SA11AI.21231		
City Fairfield	State CA	Zip Code 94534	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, , 35.00		
Name of Employer Retired		Occupation Retired	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 235.00		

Full Name (Last, First, Middle Initial) Aubrey Reeves			Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014		
Mailing Address P.O. Box 147			Transaction ID : SA11AI.18572		
City Sheldon	State SC	Zip Code 29941	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, , 200.00		
Name of Employer		Occupation	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 700.00		

SUBTOTAL of Receipts This Page (optional).....	, , 260.00
TOTAL This Period (last page this line number only).....	, , .

14020683232

**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 79 OF 147
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Terry L Roberts		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 197 Oakdale Rd		Transaction ID : SA11AI.20149
City Cheraw	State SC	Zip Code 07643-0000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	210.00

Full Name (Last, First, Middle Initial) Norman Rogers		Date of Receipt M M / D D / Y Y 02 / 13 / 2014
Mailing Address 2627 S Bayshore Dr #1204		Transaction ID : SA11AI.18775
City Miami	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	1500.00

Full Name (Last, First, Middle Initial) David Rowe		Date of Receipt M M / D D / Y Y 03 / 07 / 2014
Mailing Address 3740 S Ocean Blvd Unit 601		Transaction ID : SA11AI.18503
City Highland Beach	State FL	Zip Code 33487
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	1000.00

SUBTOTAL of Receipts This Page (optional)	1535.00
TOTAL This Period (last page this line number only)	

14020683233

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 80 OF 147	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) William Rutledge			Date of Receipt	
Mailing Address 5109 Madison Creek Dr			M M D D Y Y Y	
City	State	Zip Code	03	19 2014
Fort Collins	CO	80528	Transaction ID : SA11AI.21000	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period	
Name of Employer			, , 500.00	
Occupation				
Receipt For: 2014		Election Cycle-to-Date		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General				
<input type="checkbox"/> Other (specify)		, , 500.00		

Full Name (Last, First, Middle Initial) Anthony Ryan			Date of Receipt	
Mailing Address 393 Dorchester Rd			M M D D Y Y Y	
City	State	Zip Code	02	19 2014
Lyme	NH	03768-0000	Transaction ID : SA11AI.19714	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period	
Name of Employer			, , 250.00	
Occupation				
Receipt For: 2014		Election Cycle-to-Date		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General				
<input type="checkbox"/> Other (specify)		, , 250.00		

Full Name (Last, First, Middle Initial) John B. Sams			Date of Receipt	
Mailing Address 3235 Pignatelli Crescent			M M / D D / Y Y	
City	State	Zip Code	03	28 2014
Mount Pleasant	SC	29466	Transaction ID : SA11AI.18575	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period	
Name of Employer			, , 500.00	
Occupation				
Receipt For: 2014		Election Cycle-to-Date		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General				
<input type="checkbox"/> Other (specify)		, , 1000.00		

SUBTOTAL of Receipts This Page (optional)	, , 1250.00
TOTAL This Period (last page this line number only)	, , .

14020683234

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 81 OF 147	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Sonya Sasser			Date of Receipt M M D D Y Y Y Y 03 30 2014	
Mailing Address 295 Keysfield Circle			Transaction ID : SA11AI.19245	
City Conway	State SC	Zip Code 29527	Amount of Each Receipt this Period , , 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 2025.00		

Full Name (Last, First, Middle Initial) Joseph Schimberg			Date of Receipt M M D D Y Y Y Y 03 29 2014	
Mailing Address 3111 Pinney Woods Ln SE			Transaction ID : SA11AI.19225	
City Cedar Rapids	State IA	Zip Code 52403	Amount of Each Receipt this Period , , 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Schimberg Co.		Occupation Owner/Manager		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 5200.00		

Full Name (Last, First, Middle Initial) Lynn Simmons			Date of Receipt M M / D D Y Y 01 07 2014	
Mailing Address 5869 County Highway 27			Transaction ID : SA11AI.20448	
City Springville	State AL	Zip Code 79316	Amount of Each Receipt this Period , , 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 600.00		

SUBTOTAL of Receipts This Page (optional).....	, , 3700.00
TOTAL This Period (last page this line number only).....	, , .

14020683235

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 82 OF 147	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Lynn Simmons			Date of Receipt M M / D D / Y Y Y 02 / 25 / 2014	
Mailing Address 5869 County Highway 27			Transaction ID : SA11AI.20447	
City Springville	State AL	Zip Code 79316	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	700.00	

Full Name (Last, First, Middle Initial) Karl Smith			Date of Receipt M M / D D / Y Y Y 01 / 08 / 2014	
Mailing Address 2320 Cherry Lane			Transaction ID : SA11AI.19260	
City Florissant	State MO	Zip Code 63033	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Disabled		Occupation Disabled		
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) Karl Smith			Date of Receipt M M / D D / Y Y Y 01 / 10 / 2014	
Mailing Address 2320 Cherry Lane			Transaction ID : SA11AI.19262	
City Florissant	State MO	Zip Code 63033	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Disabled		Occupation Disabled		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	260.00	

SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	

14020683236

**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 83 OF 147
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Karl Smith		Date of Receipt M M / D D / Y Y Y 03 / 10 / 2014
Mailing Address 2320 Cherry Lane		Transaction ID : SA11AI.19686
City Florissant	State MO	
Zip Code 63033		Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		
Name of Employer Disabled	Occupation Disabled	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 270.00	

Full Name (Last, First, Middle Initial) William Steele		Date of Receipt M M / D D / Y Y Y 02 / 07 / 2014
Mailing Address 2432 Golf Oak Park		Transaction ID : SA11AI.18414
City Seabrook Island	State SC	
Zip Code 29455		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Joseph Steiger		Date of Receipt M M / D D / Y Y Y 02 / 17 / 2014
Mailing Address 1050 Beverly Way		Transaction ID : SA11AI.18756
City Altadena	State CA	
Zip Code 91001		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer BILLER	Occupation MRS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	610.00
TOTAL This Period (last page this line number only).....	

14020683237

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Joseph Steiger			Date of Receipt M M / D D / Y Y Y Y 03 24 2014	
A. Mailing Address 1050 Beverly Way			Transaction ID : SA11AI.19103	
City Altadena	State CA	Zip Code 91001	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer BILLER		Occupation MRS		
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) Franklin L Stephens			Date of Receipt M M / D D / Y Y Y Y 03 26 2014	
B. Mailing Address PO Box 631			Transaction ID : SA11AI.20371	
City Eastpoint	State FL	Zip Code 22205	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 235.00		

Full Name (Last, First, Middle Initial) Joseph Strom			Date of Receipt M M / D D / Y Y Y Y 03 26 2014	
C. Mailing Address 2110 N Bellline Bld			Transaction ID : SA11AI.19113	
City Columbia	State SC	Zip Code 29204	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional)	1135.00
TOTAL This Period (last page this line number only)	

14020683238

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

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

FOR LINE NUMBER: PAGE 85 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Dale Stuart		Date of Receipt M M D D Y Y 03 30 2014
Mailing Address 213 W Monroe Ave Ste D		Transaction ID : SA11AI.19249
City Lowell	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	250.00

Full Name (Last, First, Middle Initial) B. Marc Stuckart		Date of Receipt M M D D Y Y 01 10 2014
Mailing Address 40 Brams Point Rd		Transaction ID : SA11AI.18358
City Hilton Head Island	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	500.00

Full Name (Last, First, Middle Initial) C. Marc Stuckart		Date of Receipt M M / D D Y Y 03 29 2014
Mailing Address 40 Brams Point Road		Transaction ID : SA11AI.19220
City Hilton Head Island	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Merrill Lynch	Occupation Financial Advisor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	700.00

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

14020683239

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Raymond Suter		Date of Receipt M M D D Y Y Y Y 01 07 2014
Mailing Address 7010 Nw 95ave		Transaction ID : SA11AI.18860
City Tamarac	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer retired	Occupation retired	100.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	300.00

Full Name (Last, First, Middle Initial) Raymond Suter		Date of Receipt M M D D / Y Y Y Y 01 17 2014
Mailing Address 7010 Nw 95ave		Transaction ID : SA11AI.18836
City Tamarac	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer retired	Occupation retired	100.00
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) Raymond Suter		Date of Receipt M M / D D Y Y Y Y 02 05 2014
Mailing Address 7010 Nw 95ave		Transaction ID : SA11AI.18791
City Tamarac	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer retired	Occupation retired	50.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	450.00

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

14020683240

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

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

FOR LINE NUMBER: PAGE 87 OF 147
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Full Name (Last, First, Middle Initial)
Raymond Suter

Mailing Address 7010 Nw 95ave

City Tamarac State FL Zip Code 33321

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
02 13 2014

Transaction ID : SA11AI.18774

Amount of Each Receipt this Period
, , 25.00

, , 475.00

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

Mailing Address 7010 Nw 95ave

City Tamarac State FL Zip Code 33321

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
03 07 2014

Transaction ID : SA11AI.18946

Amount of Each Receipt this Period
, , 50.00

, , 525.00

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

Mailing Address 850 River Road

City Woodruff State SC Zip Code 29388

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
03 17 2014

Transaction ID : SA11AI.19000

Amount of Each Receipt this Period
, , 1100.00

, , 2600.00

SUBTOTAL of Receipts This Page (optional) 1175.00

TOTAL This Period (last page this line number only)

14020683241

**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 88 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Paul Tamburrino			Date of Receipt M M / D D Y Y Y 03 03 2014
Mailing Address 3010 Memorial Drive			Transaction ID : SA11AI.18880
City Charleston	State SC	Zip Code 29414	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer		Occupation	, , 250.00
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) Winston Taylor			Date of Receipt M M / D D Y Y Y 03 21 2014
Mailing Address PO Box 397			Transaction ID : SA11AI.18550
City Spartanburg	State SC	Zip Code 29304	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer Retired		Occupation Retired	, , 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 1500.00

Full Name (Last, First, Middle Initial) James C Thompson			Date of Receipt M M / D D Y Y Y 02 19 2014
Mailing Address 12 Fairway Village Ln			Transaction ID : SA11AI.20121
City Isle Of Palms	State SC	Zip Code 99301	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer		Occupation Retired	, , 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 750.00

SUBTOTAL of Receipts This Page (optional)	, , 1250.00
TOTAL This Period (last page this line number only)	, , .

14020683242

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Kate Thompson			Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014		
Mailing Address PO Box 221			Transaction ID : SA11AI.18411		
City Port Washington	State OH	Zip Code 43837	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			, , .		
Name of Employer Retired		Occupation Retired	, , .		
Receipt For: 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) Matthew Thompson			Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014		
Mailing Address 1040 Cliffwood Drive			Transaction ID : SA11AI.18977		
City Mt. Pleasant	State SC	Zip Code 29464	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			, , .		
Name of Employer		Occupation	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00		
			, , .		

Full Name (Last, First, Middle Initial) Kimberlee Timbrook Brown			Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014		
Mailing Address 1608-C Marsh Harbor Ln			Transaction ID : SA11AI.18560		
City Mount Pleasant	State SC	Zip Code 29464	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			, , .		
Name of Employer		Occupation Doctor	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1625.00		
			, , .		

SUBTOTAL of Receipts This Page (optional).....	, , .	1650.00
TOTAL This Period (last page this line number only).....	, , .	.

14020683243

**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 90 OF 147
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Kimberlee Timbrook Brown		Date of Receipt M M / D D Y Y Y 03 21 2014
Mailing Address 1608-C Marsh Harbor Ln		Transaction ID : SA11AI.24983
City Mount Pleasant	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer	Occupation Doctor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2025.00	

Full Name (Last, First, Middle Initial) Sherman Unkefer		Date of Receipt M M D D Y Y Y 03 06 2014
Mailing Address 7119 East Shea Boulevard		Transaction ID : SA11AI.18945
City Scottsdale	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) John B. Valerius		Date of Receipt M M D D Y Y Y 03 12 2014
Mailing Address 1909 Canterbury Street		Transaction ID : SA11AI.20847
City Irving	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

14020683244

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Victor E Van Damme		Date of Receipt M M / D D / Y Y Y 02 / 21 / 2014
Mailing Address 5113 Patricia Ave		Transaction ID : SA11AI.21092
City Las Vegas	State NV	
Zip Code 89130	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period , , 200.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 400.00	

Full Name (Last, First, Middle Initial) Mathew C Vanderkop		Date of Receipt M M / D D / Y Y Y 02 / 20 / 2014
Mailing Address 1704 Parkside Dr		Transaction ID : SA11AI.20919
City Pasadena	State TX	
Zip Code 77502	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period , , 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 300.00	

Full Name (Last, First, Middle Initial) Thomas Van Horn		Date of Receipt M M / D D / Y Y Y 02 / 12 / 2014
Mailing Address 105 Stratford Dr.		Transaction ID : SA11AI.20119
City Goose Creek	State SC	
Zip Code 29445	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period , , 100.00
Name of Employer None	Occupation Retired From Bellsouth	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 275.00	

SUBTOTAL of Receipts This Page (optional).....	, , 400.00
TOTAL This Period (last page this line number only).....	, , .

14020683245

**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)

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<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Emery Villeneuve		Date of Receipt M M D D Y Y 03 28 2014
A. Mailing Address 3409 Chantz Court		Transaction ID : SA11AI.19204
City Florence	State SC	Zip Code 29501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) Robert L Walden		Date of Receipt M M D D / Y Y 03 25 2014
B. Mailing Address 34 NW 1144 Private Rd		Transaction ID : SA11AI.20757
City Leeton	State MO	Zip Code 64761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer	Occupation Retired USAF	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00	

Full Name (Last, First, Middle Initial) Brad Wareham		Date of Receipt M M / D D / Y Y Y 03 05 2014
C. Mailing Address 26 Fenner Ave		Transaction ID : SA11AI.18891
City Asheville	State NC	Zip Code 28804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	385.00
TOTAL This Period (last page this line number only).....	

14020683246

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Full Name (Last, First, Middle Initial)
Marshall P Washburn

Mailing Address 115 Turnberry Dr

City Spartanburg State SC Zip Code 20910

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

Name of Employer Milliken Co. Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D Y Y Y Y
03 28 2014

Transaction ID : SA11AI.20084

Amount of Each Receipt this Period
, , 150.00

, , 250.00

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

Mailing Address 412 Rice Hope Dr

City Mount Pleasant State SC Zip Code 29464

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
03 12 2014

Transaction ID : SA11AI.18513

Amount of Each Receipt this Period
, , 1000.00

, , 1000.00

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

Mailing Address 4150 Col Vanderhorst Circle

City Mt Pleasant State SC Zip Code 29466

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
03 19 2014

Transaction ID : SA11AI.19020

Amount of Each Receipt this Period
, , 25.00

, , 325.00

SUBTOTAL of Receipts This Page (optional) , , 1175.00

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

14020683247

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

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

FOR LINE NUMBER: PAGE 94 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Jack E Weeks		Date of Receipt M M / D D Y Y 02 26 2014
Mailing Address 606 E 2nd St		Transaction ID : SA11AI.20627
City Woodward	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Martha White		Date of Receipt M M D D Y Y 03 28 2014
Mailing Address 13411 Kimberley Lane		Transaction ID : SA11AI.19186
City Houston	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) Walter White		Date of Receipt M M D D Y Y 03 28 2014
Mailing Address 13411 Kimberley Lane		Transaction ID : SA11AI.22950
City Houston	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Economy Mud Products Company	Occupation Ceo	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	5300.00
TOTAL This Period (last page this line number only).....	

14020683248

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

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

FOR LINE NUMBER: PAGE 95 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Shan Whitfield		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 16417 Paulina St		Transaction ID : SA11AI.18507
City Markham	State IL	
Zip Code 60428		Amount of Each Receipt this Period 5200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Divine Capital	Occupation Aerospace Venture Capitalist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) George Williams		Date of Receipt M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 85 Shady Ln		Transaction ID : SA11AI.19950
City Strasburg	State VA	
Zip Code 22657		Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) George Williams		Date of Receipt M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 85 Shady Ln		Transaction ID : SA11AI.19949
City Strasburg	State VA	
Zip Code 22657		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

SUBTOTAL of Receipts This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

14020683249

**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 96 OF 147
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) George Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
A. Mailing Address 85 Shady Ln		Transaction ID : SA11AI.19951
City Strasburg	State VA	
Zip Code 22657	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00	

Full Name (Last, First, Middle Initial) George Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
B. Mailing Address 85 Shady Ln		Transaction ID : SA11AI.19952
City Strasburg	State VA	
Zip Code 22657	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) Herschel D Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014
C. Mailing Address 9453 Jamaica Bch		Transaction ID : SA11AI.19012
City Galveston	State OR	
Zip Code 97423	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Sales/Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

14020683250

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

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

FOR LINE NUMBER: PAGE 97 OF 147

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) J.G. Wilson			Date of Receipt M M / D D / Y Y Y Y 03 03 2014		
Mailing Address 20 Gibbes Ct			Transaction ID : SA11AI.18495		
City Columbia	State SC	Zip Code 29201	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Name of Employer Wilson Kibler		
Name of Employer Wilson Kibler			Occupation Real estate		
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) Richard Wilson			Date of Receipt M M / D D / Y Y Y Y 03 27 2014		
Mailing Address 4040 Sadler Dr			Transaction ID : SA11AI.19152		
City Suffolk	State VA	Zip Code 23434	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			Name of Employer Raytheon		
Name of Employer Raytheon			Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 220.00		

Full Name (Last, First, Middle Initial) Scott Wizeman			Date of Receipt M M / D D / Y Y Y Y 02 21 2014		
Mailing Address 3260 Townsend Drive			Transaction ID : SA11AI.18455		
City Dallas	State TX	Zip Code 75229	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Name of Employer Primelending, A Plainscapital Company		
Name of Employer Primelending, A Plainscapital Company			Occupation Banker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 350.00		

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

14020683251

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) Scott Wizeman			Date of Receipt M M / D D / Y Y Y Y 03 21 2014		
Mailing Address 3260 Townsend Drive			Transaction ID : SA11AI.18543		
City Dallas	State TX	Zip Code 75229	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			, , .		
Name of Employer Primelending, A Plainscapital Company		Occupation Banker	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	600.00		
			, , .		

Full Name (Last, First, Middle Initial) Scott Woods			Date of Receipt M M / D D / Y Y Y Y 03 18 2014		
Mailing Address 913 Watermelon Run			Transaction ID : SA11AI.19004		
City Charleston	State SC	Zip Code 29412	Amount of Each Receipt this Period 1100.00		
FEC ID number of contributing federal political committee. C			, , .		
Name of Employer Sc Federal Credit Union		Occupation President	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1600.00		
			, , .		

Full Name (Last, First, Middle Initial) Geraldine Wynn			Date of Receipt M M / D D / Y Y Y Y 02 21 2014		
Mailing Address 138 Turnvery Dr			Transaction ID : SA11AI.18463		
City Spartanburg	State SC	Zip Code 29306	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C			, , .		
Name of Employer Retired		Occupation	, , .		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	5200.00		
			, , .		

SUBTOTAL of Receipts This Page (optional).....	, , .	3950.00
TOTAL This Period (last page this line number only).....	, , .	.

14020683252

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Leo Yakutis		Date of Receipt M M / D D Y Y Y 03 29 2014
Mailing Address 134 Spinnaker Bay Lane		Transaction ID : SA11AI.19232
City Lake Wylie	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Humint Group International	Occupation Consultant	415.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Cindy Youell		Date of Receipt M M / D D Y Y Y 01 15 2014
Mailing Address 351 Prima Vera Cove		Transaction ID : SA11AI.18841
City Altamonte Springs	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Jonathan Zucker		Date of Receipt M M / D D Y Y Y 02 07 2014
Mailing Address 1527 Regimental Ln		Transaction ID : SA11AI.18402
City Johns Island	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer InterTech	Occupation President	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional)	1850.00
TOTAL This Period (last page this line number only)	154335.32

14020683253

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

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

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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC		Date of Receipt M M / D D Y Y Y 03 03 2014
Mailing Address 501 E. MAIN STREET SUITE 200		Transaction ID : SA11C.21381
City WINDSOR	State Zip Code CO 80550	
FEC ID number of contributing federal political committee. C C00481200		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

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

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

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

14020683254

**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)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) NANCY MACE		Date of Receipt M M D D Y Y Y 02 15 2014
A. Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.21619
City CHARLESTON	State Zip Code SC 29492	
FEC ID number of contributing federal political committee. C S4SC00281		Amount of Each Receipt this Period
Name of Employer Candidate	Occupation Candidate	3.60
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2203.46	In-kind - Office supplies

Full Name (Last, First, Middle Initial) NANCY MACE		Date of Receipt M M D D Y Y Y 03 03 2014
B. Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SA11D.21617
City CHARLESTON	State Zip Code SC 29492	
FEC ID number of contributing federal political committee. C S4SC00281		Amount of Each Receipt this Period
Name of Employer Candidate	Occupation Candidate	19.27
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2222.73	In-kind - Food and Beverage

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

SUBTOTAL of Receipts This Page (optional).....	22.87
TOTAL This Period (last page this line number only).....	22.87

14020683255

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Active Engagement Full Name (Last, First, Middle Initial) Mailing Address 44084 Riverside Parkway Suite 350 City Lansdowne State VA Zip Code 20176 Purpose of Disbursement Online Advertising Candidate Name 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:		Date of Disbursement M M D D Y Y 02 13 2014 Amount of Each Disbursement this Period , , 500.00 Transaction ID : SB17.21491 Category/ Type 003
--	--	--

B. Active Engagement Full Name (Last, First, Middle Initial) Mailing Address 44084 Riverside Parkway Suite 350 City Lansdowne State VA Zip Code 20176 Purpose of Disbursement Online Advertising Candidate Name 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:		Date of Disbursement M M D D Y Y 03 07 2014 Amount of Each Disbursement this Period , , 15.00 Transaction ID : SB17.21412 Category/ Type 003
--	--	---

C. Alex Allman Full Name (Last, First, Middle Initial) Mailing Address 1911 Brookstone Way Apt. 204 City Rock Hill State SC Zip Code 29732 Purpose of Disbursement Intern Candidate Name 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:		Date of Disbursement M M D D / Y Y 01 09 2014 Amount of Each Disbursement this Period , , 200.00 Transaction ID : SB17.21468 Category/ Type 001
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SUBTOTAL of Disbursements This Page (optional).....	, , 715.00
TOTAL This Period (last page this line number only).....	, ,

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 147	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Alex Allman		Date of Disbursement M M D D / Y Y Y 02 06 2014	
Mailing Address 1911 Brookstone Way Apt. 204		Amount of Each Disbursement this Period	
City Rock Hill	State SC	Zip Code 29732	200.00
Purpose of Disbursement Intern	Candidate Name		Transaction ID : SB17.21471
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)		001 Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) B. Alex Allman		Date of Disbursement M M D D / Y Y Y 03 07 2014	
Mailing Address 1911 Brookstone Way Apt. 204		Amount of Each Disbursement this Period	
City Rock Hill	State SC	Zip Code 29732	100.00
Purpose of Disbursement Inter	Candidate Name		Transaction ID : SB17.21461
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)		001 Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) C. Black Tie Music Academy		Date of Disbursement M M D D / Y Y Y 02 04 2014	
Mailing Address 162 Seven Farms Drive #305		Amount of Each Disbursement this Period	
City Charleston	State SC	Zip Code 29492	1000.00
Purpose of Disbursement Office Space Rent	Candidate Name		Transaction ID : SB17.21498
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)		001 Category/ Type
State: District:			

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

14020683257

**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 104 OF 147	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Black Tie Music Academy		Date of Disbursement M M / D D / Y Y Y 03 05 2014
Mailing Address 162 Seven Farms Drive #305		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.21500
City Charleston State SC Zip Code 29492	Purpose of Disbursement Office Space Rent Candidate Name	
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)	Category/Type 001
State: District:		

Full Name (Last, First, Middle Initial) B. Colortree		Date of Disbursement M M / D D / Y Y Y 01 16 2014
Mailing Address 8000 Villa Park Dr		Amount of Each Disbursement this Period 3004.00 Transaction ID : SB17.21533
City Richmond State VA Zip Code 23228	Purpose of Disbursement Printing and Mailshop Candidate Name	
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)	Category/Type 003
State: District:		

Full Name (Last, First, Middle Initial) C. Colortree		Date of Disbursement M M / D D / Y Y Y 03 20 2014
Mailing Address 8000 Villa Park Dr		Amount of Each Disbursement this Period 1109.00 Transaction ID : SB17.21534
City Richmond State VA Zip Code 23228	Purpose of Disbursement Printing and Mailshop Candidate Name	
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)	Category/Type 003
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5113.00
TOTAL This Period (last page this line number only).....	

14020683258

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Comcast		Date of Disbursement M M D D Y Y 03 17 2014
Mailing Address 4400 Belle Oaks Dr		Amount of Each Disbursement this Period 279.70 Transaction ID : SB17.21481
City N. Charleston	State SC Zip Code 29407	
Purpose of Disbursement Internet Service	001	
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:		

Full Name (Last, First, Middle Initial) B. Corporate Press, Inc.		Date of Disbursement M M D D Y Y 01 16 2014
Mailing Address 9700 Philadelphia Court		Amount of Each Disbursement this Period 940.44 Transaction ID : SB17.21535
City Lanham	State MD Zip Code 20706	
Purpose of Disbursement Printing and Mailshop	001	
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:		

Full Name (Last, First, Middle Initial) C. DB Capitol		Date of Disbursement M M D D Y Y 01 02 2014
Mailing Address 203 South Union St Suite 300		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.21495
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Legal and Compliance Consulting	001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2220.14
TOTAL This Period (last page this line number only).....	

14020683259

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. DB Capitol		Date of Disbursement M M D D Y Y Y 01 15 2014	
Mailing Address 203 South Union St Suite 300		Amount of Each Disbursement this Period	
City Alexandria	State VA	Zip Code 22314	1000.00
Purpose of Disbursement Legal and Compliance Consulting		001 Category/ Type	Transaction ID : SB17.21496
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. DB Capitol		Date of Disbursement M M D D Y Y 02 21 2014	
Mailing Address 203 South Union St Suite 300		Amount of Each Disbursement this Period	
City Alexandria	State VA	Zip Code 22314	1000.00
Purpose of Disbursement Legal and Compliance Consulting		001 Category/ Type	Transaction ID : SB17.21499
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. DonorBureau		Date of Disbursement M M J D Y Y 01 16 2014	
Mailing Address 1900 N Culpeper St		Amount of Each Disbursement this Period	
City Arlington	State VA	Zip Code 22207	351.00
Purpose of Disbursement Statistical Modeling		003 Category/ Type	Transaction ID : SB17.21537
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....	2351.00
TOTAL This Period (last page this line number only).....	

14020683260

**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 107 OF 147	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. DonorBureau		Date of Disbursement M M D D Y Y 02 27 2014	
Mailing Address 1900 N Culpeper St		Amount of Each Disbursement this Period 143.68 Transaction ID : SB17.21536	
City Arlington	State VA		
Purpose of Disbursement Statistical Modeling	Candidate Name		003 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:			

Full Name (Last, First, Middle Initial) B. Justin Evans		Date of Disbursement M M D D Y Y 01 22 2014	
Mailing Address 2701 Rosewood Dr, Suite D		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.21612	
City Charleston	State SC		
Purpose of Disbursement In-kind - Bumper Stickers	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:			

Full Name (Last, First, Middle Initial) C. Exxon		Date of Disbursement M M J D Y Y 02 19 2014	
Mailing Address 701 Long Pt Rd		Amount of Each Disbursement this Period 17.33 Transaction ID : SB17.21419	
City Mt Pleasant	State SC		
Purpose of Disbursement gas (travel)	Candidate Name		002 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:			

SUBTOTAL of Disbursements This Page (optional).....	1761.01
TOTAL This Period (last page this line number only).....	

14020683261

**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 108 OF 147	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M D D Y Y Y 01 03 2014	
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 473.34 Transaction ID : SB17.21490	
City Menlo Park	State CA		Zip Code 94026
Purpose of Disbursement Advertising Expenses	003 Category/ Type		
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M D D Y Y Y 02 05 2014	
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 454.76 Transaction ID : SB17.21489	
City Menlo Park	State CA		Zip Code 94026
Purpose of Disbursement Advertising Expenses	003 Category/ Type		
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D Y Y Y 03 07 2014	
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 1.90 Transaction ID : SB17.21400	
City Menlo Park	State CA		Zip Code 94026
Purpose of Disbursement Advertising Expenses	003 Category/ Type		
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....	930.00
TOTAL This Period (last page this line number only).....	

14020683262

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. First Virginia Community Bank		Date of Disbursement M M D D Y Y 01 23 2014
Mailing Address 11325 Random Hills Rd Ste 240		Amount of Each Disbursement this Period 107.45 Transaction ID : SB17.21539
City Fairfax	State VA Zip Code 22030	
Purpose of Disbursement Bank fees	003	Transaction ID : SB17.21539
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:		

Full Name (Last, First, Middle Initial) B. First Virginia Community Bank		Date of Disbursement M M D D Y Y 02 28 2014
Mailing Address 11325 Random Hills Rd Ste 240		Amount of Each Disbursement this Period 35.78 Transaction ID : SB17.21538
City Fairfax	State VA Zip Code 22030	
Purpose of Disbursement Bank fees	003	Transaction ID : SB17.21538
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:		

Full Name (Last, First, Middle Initial) C. First Virginia Community Bank		Date of Disbursement M M / D D Y Y 03 25 2014
Mailing Address 11325 Random Hills Rd Ste 240		Amount of Each Disbursement this Period 34.12 Transaction ID : SB17.21540
City Fairfax	State VA Zip Code 22030	
Purpose of Disbursement Bank fees	003	Transaction ID : SB17.21540
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:		

SUBTOTAL of Disbursements This Page (optional).....	177.35
TOTAL This Period (last page this line number only).....	.

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

<p>A. FTIN</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 325 East Jimmie Leeds Road Suite 117</p> <p>City Galloway State NY Zip Code 08205</p> <p>Purpose of Disbursement Campaign Management Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>M M / D D Y Y Y 01 31 2014</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">250.00</p> <p>Transaction ID : SB17.21598</p>
---	--

<p>B. FTIN</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 325 East Jimmie Leeds Road Suite 117</p> <p>City Galloway State NY Zip Code 08205</p> <p>Purpose of Disbursement Campaign Management Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>M M / D D Y Y Y 03 03 2014</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">250.00</p> <p>Transaction ID : SB17.21599</p>
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<p>C. FTIN</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 325 East Jimmie Leeds Road Suite 117</p> <p>City Galloway State NY Zip Code 08205</p> <p>Purpose of Disbursement Campaign Management Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>M M / D D Y Y Y 03 07 2014</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">500.00</p> <p>Transaction ID : SB17.21600</p>
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<p>SUBTOTAL of Disbursements This Page (optional).....</p>	<p>1000.00</p>
<p>TOTAL This Period (last page this line number only).....</p>	<p></p>

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

<p>A. Glengary</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 3303 East Baseline Road Bld 4, Ste 207</p> <p>City Gilbert State AZ Zip Code 85234</p> <p>Purpose of Disbursement List Rental & Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement M M D D Y Y 02 11 2014</p> <p>Amount of Each Disbursement this Period 1571.44</p> <p>Transaction ID : SB17.21508</p>	
<p>B. Glengary</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 3303 East Baseline Road Bld 4, Ste 207</p> <p>City Gilbert State AZ Zip Code 85234</p> <p>Purpose of Disbursement Replace Lost Checks</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement M M D D Y Y 02 14 2014</p> <p>Amount of Each Disbursement this Period 2507.99</p> <p>Transaction ID : SB17.21510</p>	
<p>C. Glengary</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 3303 East Baseline Road Bld 4, Ste 207</p> <p>City Gilbert State AZ Zip Code 85234</p> <p>Purpose of Disbursement List Rental & Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement M M D D Y Y 02 25 2014</p> <p>Amount of Each Disbursement this Period 309.46</p> <p>Transaction ID : SB17.21484</p>	
<p>SUBTOTAL of Disbursements This Page (optional).....</p>		4388.89
<p>TOTAL This Period (last page this line number only).....</p>		4388.89

14020683265

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

A. Global Payments		Full Name (Last, First, Middle Initial)	
Mailing Address 10705 Red Run Blvd		Date of Disbursement	
City Rockville State MD Zip Code 20855		M M D D Y Y Y 01 23 2014	
Purpose of Disbursement Credit Card fees		Amount of Each Disbursement this Period	
Candidate Name		, , . 207.88	
Office Sought: <input type="checkbox"/> House Disbursement For: 2014		Transaction ID : SB17.21542	
<input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> President <input type="checkbox"/> Other (specify)			
State: District:			

B. Global Payments		Full Name (Last, First, Middle Initial)	
Mailing Address 10705 Red Run Blvd		Date of Disbursement	
City Rockville State MD Zip Code 20855		M M D D Y Y Y 02 28 2014	
Purpose of Disbursement Credit Card fees		Amount of Each Disbursement this Period	
Candidate Name		, , . 80.24	
Office Sought: <input type="checkbox"/> House Disbursement For: 2014		Transaction ID : SB17.21541	
<input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> President <input type="checkbox"/> Other (specify)			
State: District:			

C. Global Payments		Full Name (Last, First, Middle Initial)	
Mailing Address 10705 Red Run Blvd		Date of Disbursement	
City Rockville State MD Zip Code 20855		M M / D D Y Y Y 03 25 2014	
Purpose of Disbursement Credit Card fees		Amount of Each Disbursement this Period	
Candidate Name		, , . 74.10	
Office Sought: <input type="checkbox"/> House Disbursement For: 2014		Transaction ID : SB17.21543	
<input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> President <input type="checkbox"/> Other (specify)			
State: District:			

SUBTOTAL of Disbursements This Page (optional).....		362.22
TOTAL This Period (last page this line number only).....		.

14020683266

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Grounded in Grassroots		Date of Disbursement M M / D D Y Y Y 01 15 2014
Mailing Address 1725 DeSales Street, NW 6th Floor		Amount of Each Disbursement this Period 7146.00 Transaction ID : SB17.21516
City Washington State DC Zip Code 20036	003 Category/ Type	
Purpose of Disbursement Campaign Management Services		Transaction ID : SB17.21516
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Grounded in Grassroots		Date of Disbursement M M / D D Y Y Y 02 21 2014
Mailing Address 1725 DeSales Street, NW 6th Floor		Amount of Each Disbursement this Period 5544.00 Transaction ID : SB17.21512
City Washington State DC Zip Code 20036	003 Category/ Type	
Purpose of Disbursement Campaign Management Services		Transaction ID : SB17.21512
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. Grow Your Campaign		Date of Disbursement M M / D D / Y Y Y 01 01 2014
Mailing Address Po Box 17253		Amount of Each Disbursement this Period 31.13 Transaction ID : SB17.21609
City Arlington State VA Zip Code 22216-7253	003 Category/ Type	
Purpose of Disbursement Fundraising Consulting		Transaction ID : SB17.21609
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....	12721.13
TOTAL This Period (last page this line number only).....	.

14020683267

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

<p>A. Grow Your Campaign</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Po Box 17253</p> <p>City State Zip Code Arlington VA 22216-7253</p> <p>Purpose of Disbursement List Rental & Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>M M D D Y Y Y 02 11 2014</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">52.54</p> <p>Transaction ID : SB17.21449</p>
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<p>B. Grow Your Campaign</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Po Box 17253</p> <p>City State Zip Code Arlington VA 22216-7253</p> <p>Purpose of Disbursement Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>M M D D Y Y Y 02 11 2014</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">100.19</p> <p>Transaction ID : SB17.21462</p>
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<p>C. Grow Your Campaign</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Po Box 17253</p> <p>City State Zip Code Arlington VA 22216-7253</p> <p>Purpose of Disbursement List Rental & Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement</p> <p>M M / D D Y Y Y 02 25 2014</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">13.04</p> <p>Transaction ID : SB17.21411</p>
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<p>SUBTOTAL of Disbursements This Page (optional).....</p>	<p>165.77</p>
<p>TOTAL This Period (last page this line number only).....</p>	<p>.</p>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. HSP Direct		Date of Disbursement M M / D D / Y Y Y 01 / 16 / 2014
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 2800.00 Transaction ID : SB17.21545
City Hemdon	State VA Zip Code 20171	
Purpose of Disbursement Creative Fees	003	
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:		

Full Name (Last, First, Middle Initial) B. HSP Direct		Date of Disbursement M M / D D / Y Y Y 01 / 23 / 2014
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 1692.50 Transaction ID : SB17.21544
City Hemdon	State VA Zip Code 20171	
Purpose of Disbursement Creative Fees	003	
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:		

Full Name (Last, First, Middle Initial) C. HSP Direct		Date of Disbursement M M / D D / Y Y Y 03 / 27 / 2014
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 6577.70 Transaction ID : SB17.21546
City Hemdon	State VA Zip Code 20171	
Purpose of Disbursement Creative Fees	003	
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:		

SUBTOTAL of Disbursements This Page (optional).....	11070.20
TOTAL This Period (last page this line number only).....	,

14020683269

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Image Direct		Date of Disbursement M M D D Y Y 01 16 2014
Mailing Address 200 Monroe Avenue Building 4		Amount of Each Disbursement this Period , , 1064.43 Transaction ID : SB17.21547
City Frederick State MD Zip Code 21701	Category/ Type 001	
Purpose of Disbursement Printing and Mailshop		
Candidate Name		
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:	

Full Name (Last, First, Middle Initial) B. Kangaroo Express		Date of Disbursement M M D D Y Y 01 11 2014
Mailing Address 305 Gregson Drive		Amount of Each Disbursement this Period , , 39.23 Transaction ID : SB17.21443
City Cary State NC Zip Code 27511	Category/ Type 002	
Purpose of Disbursement gas (travel)		
Candidate Name		
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:	

Full Name (Last, First, Middle Initial) C. Kangaroo Express		Date of Disbursement M M D D Y Y 03 01 2014
Mailing Address 305 Gregson Drive		Amount of Each Disbursement this Period , , 32.22 Transaction ID : SB17.21436
City Cary State NC Zip Code 27511	Category/ Type 002	
Purpose of Disbursement gas (travel)		
Candidate Name		
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:	

SUBTOTAL of Disbursements This Page (optional).....	, , 1135.88
TOTAL This Period (last page this line number only).....	, ,

14020683270

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Kangaroo Express		Date of Disbursement	
Mailing Address 305 Gregson Drive		M M	Y Y
		03	06 2014
City	State	Amount of Each Disbursement this Period	
Cary	NC	24.68	
Purpose of Disbursement gas (travel)	Zip Code 27511	Transaction ID : SB17.21431	
Candidate Name	002 Category/ Type		
Office Sought:	Disbursement For: 2014		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Kangaroo Express		Date of Disbursement	
Mailing Address 305 Gregson Drive		M M	Y Y
		03	31 2014
City	State	Amount of Each Disbursement this Period	
Cary	NC	55.65	
Purpose of Disbursement Travel Expense	Zip Code 27511	Transaction ID : SB17.21530	
Candidate Name	002 Category/ Type		
Office Sought:	Disbursement For: 2014		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Braeden Kershner		Date of Disbursement	
Mailing Address 162 Seven Farms Drive #305		M M	Y Y
		02	01 2014
City	State	Amount of Each Disbursement this Period	
Charleston	SC	382.16	
Purpose of Disbursement In-kind - Office Space (owns Black Tie Music Academy LLC)	Zip Code 29492	Transaction ID : SB17.21614	
Candidate Name	Category/ Type		
Office Sought:	Disbursement For: 2014		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	462.49
TOTAL This Period (last page this line number only).....	462.49

14020683271

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Braeden Kershner		Date of Disbursement M M / D D / Y Y Y 03 / 01 / 2014
Mailing Address 162 Seven Farms Drive #305		Amount of Each Disbursement this Period 382.16 Transaction ID : SB17.21616
City Charleston	State SC Zip Code 29492	
Purpose of Disbursement In-kind - Office Space (owns Black Tie Music Academy LLC)		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Haley Kos		Date of Disbursement M M / D D / Y Y Y 02 / 04 / 2014
Mailing Address 1009 Crooked Stick Ct		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.21470
City Summerville	State SC Zip Code 29483	
Purpose of Disbursement Intern		Category/ Type 001
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) c. Haley Kos		Date of Disbursement M M / D D / Y Y Y 02 / 10 / 2014
Mailing Address 1009 Crooked Stick Ct		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.21472
City Summerville	State SC Zip Code 29483	
Purpose of Disbursement Intern		Category/ Type 001
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....	782.16
TOTAL This Period (last page this line number only).....	,

14020683272

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Haley Kos		Date of Disbursement M M D D Y Y Y 03 14 2014	
Mailing Address 1009 Crooked Stick Ct		Amount of Each Disbursement this Period 200.00	
City Summerville	State SC	Zip Code 29483	Transaction ID : SB17.21474
Purpose of Disbursement Intern		001	
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:		

Full Name (Last, First, Middle Initial) B. Liberty Phone Center Inc		Date of Disbursement M M D D Y Y Y 01 24 2014	
Mailing Address PO Box 8265		Amount of Each Disbursement this Period 1072.03	
City Springfield	State VA	Zip Code 22151	Transaction ID : SB17.21502
Purpose of Disbursement Letter		001	
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:		

Full Name (Last, First, Middle Initial) C. Liberty Phone Center Inc		Date of Disbursement M M D D / Y Y Y 03 12 2014	
Mailing Address PO Box 8265		Amount of Each Disbursement this Period 1173.51	
City Springfield	State VA	Zip Code 22151	Transaction ID : SB17.21503
Purpose of Disbursement Letter		001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2445.54
TOTAL This Period (last page this line number only).....	

14020683273

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. NANCY MACE		Date of Disbursement M M / D D / Y Y Y 02 / 15 / 2014	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 3.60	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.21620
Purpose of Disbursement In-kind - Office supplies	Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type
State: SC	District: 00		

Full Name (Last, First, Middle Initial) B. NANCY MACE		Date of Disbursement M M / D D / Y Y Y 03 / 03 / 2014	
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Amount of Each Disbursement this Period 19.27	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SB17.21618
Purpose of Disbursement In-kind - Food and Beverage	Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type
State: SC	District: 00		

Full Name (Last, First, Middle Initial) c. Mark it Red		Date of Disbursement M M / D D / Y Y Y 01 / 13 / 2014	
Mailing Address PO Box 217		Amount of Each Disbursement this Period 46000.00	
City Zionsville	State IN	Zip Code 46077	Transaction ID : SB17.21519
Purpose of Disbursement Consulting/Polling	Candidate Name		
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)		Category/ Type 003
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	46022.87
TOTAL This Period (last page this line number only).....	

14020683274

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Mark it Red		Date of Disbursement M M D D Y Y Y 01 31 2014	
Mailing Address PO Box 217		Amount of Each Disbursement this Period 5000.00	
City Zionsville	State IN	Zip Code 46077	Transaction ID : SB17.21511
Purpose of Disbursement Phone Append		003	
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:			

Full Name (Last, First, Middle Initial) B. Mark it Red		Date of Disbursement M M D D Y Y 02 27 2014	
Mailing Address PO Box 217		Amount of Each Disbursement this Period 9640.00	
City Zionsville	State IN	Zip Code 46077	Transaction ID : SB17.21518
Purpose of Disbursement Radio Ad Buy		003	
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:			

Full Name (Last, First, Middle Initial) C. Mark it Red		Date of Disbursement M M / J D Y Y 03 12 2014	
Mailing Address PO Box 217		Amount of Each Disbursement this Period 42084.00	
City Zionsville	State IN	Zip Code 46077	Transaction ID : SB17.21531
Purpose of Disbursement Advertising Expenses		003	
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:			

SUBTOTAL of Disbursements This Page (optional).....	56724.00
TOTAL This Period (last page this line number only).....	

14020683275

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial)

A. Mark it Red

Mailing Address PO Box 217

City Zionsville State IN Zip Code 46077

Purpose of Disbursement
Phone Append

003
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y
03 14 2014

Amount of Each Disbursement this Period

5720.00

Transaction ID : SB17.21513

Full Name (Last, First, Middle Initial)

B. MDI Imaging & Mail

Mailing Address 21955 Cascades Parkway

City Parkway State VA Zip Code 20166

Purpose of Disbursement
Printing and Mailshop

003
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y
03 20 2014

Amount of Each Disbursement this Period

1355.31

Transaction ID : SB17.21549

Full Name (Last, First, Middle Initial)

C. Mallory Moore

Mailing Address MSC 2100 171 Moultrie Street

City Charleston State SC Zip Code 29409

Purpose of Disbursement
Intern

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y
01 24 2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.21488

SUBTOTAL of Disbursements This Page (optional)..... 7475.31

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

14020683276

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Mallory Moore		Date of Disbursement M M D D Y Y Y 03 12 2014		
Mailing Address MSC 2100 171 Moultrie Street		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.21473		
City Charleston	State SC			Zip Code 29409
Purpose of Disbursement Intern	001 Category/ Type			
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) B. Mallory Moore		Date of Disbursement M M D D Y Y 03 17 2014		
Mailing Address MSC 2100 171 Moultrie Street		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.21475		
City Charleston	State SC			Zip Code 29409
Purpose of Disbursement Intern	001 Category/ Type			
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) C. Nova List		Date of Disbursement M M J D Y Y 01 16 2014		
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 3295.00 Transaction ID : SB17.21553		
City Herndon	State VA			Zip Code 20171
Purpose of Disbursement List Rental & Maintenance	003 Category/ Type			
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	3695.00
TOTAL This Period (last page this line number only).....	3695.00

14020683277

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Nova List		Date of Disbursement M M D D Y Y 01 23 2014
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 2471.88 Transaction ID : SB17.21552
City Hemdon State VA Zip Code 20171	Purpose of Disbursement List Rental & Maintenance Candidate Name	
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)	Category/Type 003
State: District:		

Full Name (Last, First, Middle Initial) B. Nova List		Date of Disbursement M M D D Y Y 01 30 2014
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 627.89 Transaction ID : SB17.21550
City Hemdon State VA Zip Code 20171	Purpose of Disbursement List Rental & Maintenance Candidate Name	
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)	Category/Type 003
State: District:		

Full Name (Last, First, Middle Initial) C. Nova List		Date of Disbursement M M D D Y Y 02 27 2014
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 1550.70 Transaction ID : SB17.21551
City Hemdon State VA Zip Code 20171	Purpose of Disbursement List Rental & Maintenance Candidate Name	
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)	Category/Type 003
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... 4650.47

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

14020683278

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Nova List		Date of Disbursement M M / D D / Y Y Y 03 / 13 / 2014
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 471.73 Transaction ID : SB17.21554
City Herndon	State VA Zip Code 20171	
Purpose of Disbursement List Rental & Maintenance	Candidate Name	003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Nova List		Date of Disbursement M M / D D / Y Y Y 03 / 27 / 2014
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 1599.79 Transaction ID : SB17.21555
City Herndon	State VA Zip Code 20171	
Purpose of Disbursement List Rental & Maintenance	Candidate Name	003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Office Depot		Date of Disbursement M M / D D / Y Y Y 03 / 08 / 2014
Mailing Address 6600 N Military Trail		Amount of Each Disbursement this Period 106.32 Transaction ID : SB17.21464
City Boca Raton	State FL Zip Code 33496	
Purpose of Disbursement Office Supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... 2177.84

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

14020683279

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M D D Y Y Y 03 19 2014	
Mailing Address 6600 N Military Trail		Amount of Each Disbursement this Period	
City Boca Raton	State FL	Zip Code 33496	, , 62.43 Transaction ID : SB17.21454
Purpose of Disbursement Office Supplies	001 Category/ Type		
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. ONE NATION PAC		Date of Disbursement M M D D Y Y Y 02 11 2014	
Mailing Address PO BOX 10144		Amount of Each Disbursement this Period	
City PALM DESERT	State CA	Zip Code 92255	, , 4.54 Transaction ID : SB17.21401
Purpose of Disbursement List Rental & Maintenance	003 Category/ Type		
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Political Media Inc.		Date of Disbursement M M / D D Y Y Y 02 25 2014	
Mailing Address 406 First Street 3rd floor		Amount of Each Disbursement this Period	
City Washington	State DC	Zip Code 20003	, , 49.90 Transaction ID : SB17.21603
Purpose of Disbursement List Rental & Maintenance	003 Category/ Type		
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....	116.87
TOTAL This Period (last page this line number only).....	, , .

14020683280

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial)

A. Postage for Direct Mail Fundraising

Date of Disbursement

Mailing Address 13755 Sunrise Valley Dr.
Ste 450

M M / D D Y Y
02 27 2014

City State Zip Code
Herndon VA 20171

Amount of Each Disbursement this Period

Purpose of Disbursement
Postage & Delivery

003

, , 797.82
Transaction ID : SB17.21558

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Postage for Direct Mail Fundraising

Date of Disbursement

Mailing Address 13755 Sunrise Valley Dr.
Ste 450

M M / D D Y Y
02 27 2014

City State Zip Code
Herndon VA 20171

Amount of Each Disbursement this Period

Purpose of Disbursement
Postage & Delivery

003

, , 1479.58
Transaction ID : SB17.21559

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Postage for Direct Mail Fundraising

Date of Disbursement

Mailing Address 13755 Sunrise Valley Dr.
Ste 450

M M / D D Y Y
03 13 2014

City State Zip Code
Herndon VA 20171

Amount of Each Disbursement this Period

Purpose of Disbursement
Service Fees - Postage

003

, , 98.49
Transaction ID : SB17.21560

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)..... 2375.89

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

14020683281

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Postage for Direct Mail Fundraising		Date of Disbursement M M / D D Y Y Y 03 13 2014
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 6566.46 Transaction ID : SB17.21561
City Herndon	State VA	
Zip Code 20171	Purpose of Disbursement Service Fees - Postage	Category/ Type 003
Candidate Name	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:	

Full Name (Last, First, Middle Initial) B. Postage for Direct Mail Fundraising		Date of Disbursement M M / D D Y Y Y 03 13 2014
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 9.04 Transaction ID : SB17.21562
City Herndon	State VA	
Zip Code 20171	Purpose of Disbursement Service Fees - Postage	Category/ Type 003
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C. Postage for Direct Mail Fundraising		Date of Disbursement M M / D D Y Y Y 03 20 2014
Mailing Address 13755 Sunrise Valley Dr. Ste 450		Amount of Each Disbursement this Period 7.47 Transaction ID : SB17.21563
City Herndon	State VA	
Zip Code 20171	Purpose of Disbursement Service Fees - Postage	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	6582.97
TOTAL This Period (last page this line number only).....	

14020683282

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial)

A. Postage for Direct Mail Fundraising

Date of Disbursement

Mailing Address 13755 Sunrise Valley Dr.
Ste 450

M M D D Y Y
03 20 2014

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement
Service Fees - Postage

003

497.99

Transaction ID : SB17.21564

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Qwik pack and ship

Date of Disbursement

Mailing Address 295 Seven Farms Dr
Suite C

M M D D Y Y
01 11 2014

City Daniel Island State SC Zip Code 29492

Amount of Each Disbursement this Period

Purpose of Disbursement
Shipping Supplies

001

526.90

Transaction ID : SB17.21492

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Qwik pack and ship

Date of Disbursement

Mailing Address 295 Seven Farms Dr
Suite C

M M J D Y Y
01 17 2014

City Daniel Island State SC Zip Code 29492

Amount of Each Disbursement this Period

Purpose of Disbursement
Shipping Supplies

003

6.00

Transaction ID : SB17.21402

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)..... 1030.89

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

14020683283

**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 130 OF 147

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Qwik pack and ship		Date of Disbursement M M D D Y Y 01 17 2014
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period 39.80 Transaction ID : SB17.21444
City Daniel Island State SC Zip Code 29492	Purpose of Disbursement Shipping Supplies Candidate Name	
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)	Category/Type 001
State: District:		

Full Name (Last, First, Middle Initial) B. Qwik pack and ship		Date of Disbursement M M D D Y Y 01 18 2014
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period 37.34 Transaction ID : SB17.21439
City Daniel Island State SC Zip Code 29492	Purpose of Disbursement Shipping Supplies Candidate Name	
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)	Category/Type 001
State: District:		

Full Name (Last, First, Middle Initial) C. Qwik pack and ship		Date of Disbursement M M D D Y Y Y 01 27 2014
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period 9.04 Transaction ID : SB17.21403
City Daniel Island State SC Zip Code 29492	Purpose of Disbursement Shipping Supplies Candidate Name	
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)	Category/Type 001
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	86.18
TOTAL This Period (last page this line number only).....	,

14020683284

**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 131 OF 147			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Qwik pack and ship		Date of Disbursement M M / D D / Y Y Y 02 / 04 / 2014
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period 334.50 Transaction ID : SB17.21485
City Daniel Island	State SC Zip Code 29492	
Purpose of Disbursement Shipping Supplies	003	Transaction ID : SB17.21485
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:		

Full Name (Last, First, Middle Initial) B. Qwik pack and ship		Date of Disbursement M M / D D / Y Y Y 02 / 11 / 2014
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.21407
City Daniel Island	State SC Zip Code 29492	
Purpose of Disbursement Shipping Supplies	001	Transaction ID : SB17.21407
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:		

Full Name (Last, First, Middle Initial) C. Qwik pack and ship		Date of Disbursement M M / D D / Y Y Y 03 / 08 / 2014
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period 103.07 Transaction ID : SB17.21463
City Daniel Island	State SC Zip Code 29492	
Purpose of Disbursement Shipping Supplies	001	Transaction ID : SB17.21463
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).....	449.57
TOTAL This Period (last page this line number only).....	

14020683285

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Qwik pack and ship		Date of Disbursement M M D D Y Y 03 11 2014
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period 351.90 Transaction ID : SB17.21486
City Daniel Island State SC Zip Code 29492	Purpose of Disbursement Shipping Supplies Candidate Name 001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) B. Qwik pack and ship		Date of Disbursement M M D D Y Y 03 24 2014
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period 118.70 Transaction ID : SB17.21465
City Daniel Island State SC Zip Code 29492	Purpose of Disbursement Shipping Supplies Candidate Name 001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) C. Rickland Direct		Date of Disbursement M M D D Y Y 01 22 2014
Mailing Address 3405 COMMERCE ROAD		Amount of Each Disbursement this Period 1204.10 Transaction ID : SB17.21505
City Richmond State VA Zip Code 23234	Purpose of Disbursement Letter Candidate Name 003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional)..... 1674.70

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

14020683286

**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 133 OF 147

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Nathan Roberts		Date of Disbursement M M D D / Y Y Y 01 09 2014
Mailing Address 14144 Dickens St #223		Amount of Each Disbursement this Period 375.60 Transaction ID : SB17.21487
City Sherman Oaks	State CA Zip Code 91423	
Purpose of Disbursement Consulting	003	
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:		

Full Name (Last, First, Middle Initial) B. Nathan Roberts		Date of Disbursement M M D D / Y Y Y 01 31 2014
Mailing Address 14144 Dickens St #223		Amount of Each Disbursement this Period 297.00 Transaction ID : SB17.21483
City Sherman Oaks	State CA Zip Code 91423	
Purpose of Disbursement Consulting	003	
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:		

Full Name (Last, First, Middle Initial) C. Nathan Roberts		Date of Disbursement M M D D / Y Y Y 01 31 2014
Mailing Address 14144 Dickens St #223		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.21509
City Sherman Oaks	State CA Zip Code 91423	
Purpose of Disbursement Consulting	003	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2672.60
TOTAL This Period (last page this line number only).....	,

14020683287

**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 134 OF 147

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. RST Marketing		Date of Disbursement M M D D Y Y 03 12 2014
Mailing Address 1272 Corporate Park Dr		Amount of Each Disbursement this Period 1548.33 Transaction ID : SB17.21566
City Forest	State VA Zip Code 24551	
Purpose of Disbursement Postage & Delivery	003	
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:		

Full Name (Last, First, Middle Initial) B. SCM Enterprises		Date of Disbursement M M D D Y Y 02 11 2014
Mailing Address 203 S. Union St Suite D		Amount of Each Disbursement this Period 570.68 Transaction ID : SB17.21493
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement List Rental & Maintenance	003	
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:		

Full Name (Last, First, Middle Initial) C. SCM Enterprises		Date of Disbursement M M D D / Y Y Y Y 02 25 2014
Mailing Address 203 S. Union St Suite D		Amount of Each Disbursement this Period 73.94 Transaction ID : SB17.21455
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement List Rental & Maintenance	003	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2192.95
TOTAL This Period (last page this line number only).....	

14020683288

**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 135 OF 147

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. SC TEA Party Coalition		Date of Disbursement M M D D Y Y 01 24 2014
Mailing Address PO Box 30985		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.21467
City Charleston	State SC	
Zip Code 29417	Category/Type 007	
Purpose of Disbursement Convention Admission	Candidate Name	
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:

Full Name (Last, First, Middle Initial) B. Sisk Mailing Service		Date of Disbursement M M D D Y Y 01 16 2014
Mailing Address 203 Log Canoe Circle		Amount of Each Disbursement this Period 975.00 Transaction ID : SB17.21568
City Stevensville	State MD	
Zip Code 21666	Category/Type 003	
Purpose of Disbursement Printing and Mailshop	Candidate Name	
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:

Full Name (Last, First, Middle Initial) C. Sisk Mailing Service		Date of Disbursement M M D D Y Y 03 20 2014
Mailing Address 203 Log Canoe Circle		Amount of Each Disbursement this Period 1630.30 Transaction ID : SB17.21569
City Stevensville	State MD	
Zip Code 21666	Category/Type 003	
Purpose of Disbursement Printing and Mailshop	Candidate Name	
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:

SUBTOTAL of Disbursements This Page (optional)..... 2755.30
TOTAL This Period (last page this line number only).....

14020683289

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Sisk Mailing Service		Date of Disbursement M M / D D / Y Y 03 / 20 / 2014
Mailing Address 203 Log Canoe Circle		Amount of Each Disbursement this Period 6.68 Transaction ID : SB17.21570
City Stevensville	State MD	
Zip Code 21666	Purpose of Disbursement Printing and Mailshop	Category/ Type 003
Candidate Name	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:	

Full Name (Last, First, Middle Initial) B. Jared Smith		Date of Disbursement M M / D D / Y Y 03 / 04 / 2014
Mailing Address 1418 Hamlin Park Circle		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.21507
City Mt. Pleasant	State SC	
Zip Code 29946	Purpose of Disbursement staff	Category/ Type 001
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C. Stripe		Date of Disbursement M M / D D / Y Y 03 / 31 / 2014
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 1495.79 Transaction ID : SB17.21520
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Merchant Processing Fees	Category/ Type 003
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	3002.47
TOTAL This Period (last page this line number only).....	,

14020683290

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Sunrise Data Services		Date of Disbursement M M D D Y Y Y 01 23 2014
Mailing Address 44845 Falcon Place Ste 101-A		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.21571
City Dulles State VA Zip Code 20166	Purpose of Disbursement LR&M: Donor Data Reports Candidate Name 003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Sunrise Data Services		Date of Disbursement M M D D Y Y Y 01 23 2014
Mailing Address 44845 Falcon Place Ste 101-A		Amount of Each Disbursement this Period 105.00 Transaction ID : SB17.21572
City Dulles State VA Zip Code 20166	Purpose of Disbursement LR&M: List Rental Candidate Name 003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Sunrise Data Services		Date of Disbursement M M D D Y Y Y 01 23 2014
Mailing Address 44845 Falcon Place Ste 101-A		Amount of Each Disbursement this Period 105.00 Transaction ID : SB17.21573
City Dulles State VA Zip Code 20166	Purpose of Disbursement LR&M: List Maintenance Candidate Name 003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	245.00
TOTAL This Period (last page this line number only).....	

14020683291

**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 138 OF 147

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Sunrise Data Services		Date of Disbursement M M D D Y Y Y 01 30 2014	
Mailing Address 44845 Falcon Place Ste 101-A		Amount of Each Disbursement this Period 691.73 Transaction ID : SB17.21575	
City Dulles	State VA		Zip Code 20166
Purpose of Disbursement LR&M: List Rental	003 Category/ Type		
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Sunrise Data Services		Date of Disbursement M M D D Y Y 02 27 2014	
Mailing Address 44845 Falcon Place Ste 101-A		Amount of Each Disbursement this Period 535.00 Transaction ID : SB17.21574	
City Dulles	State VA		Zip Code 20166
Purpose of Disbursement LR&M: Donor Data Reports	003 Category/ Type		
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Sunrise Data Services		Date of Disbursement M M D D Y Y 02 27 2014	
Mailing Address 44845 Falcon Place Ste 101-A		Amount of Each Disbursement this Period 745.00 Transaction ID : SB17.21576	
City Dulles	State VA		Zip Code 20166
Purpose of Disbursement LR&M: List Maintenance	003 Category/ Type		
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....	1971.73
TOTAL This Period (last page this line number only).....	

14020683292

**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 139 OF 147

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Sunrise Data Services		Date of Disbursement M M / D D / Y Y 02 / 27 / 2014
Mailing Address 44845 Falcon Place Ste 101-A		Amount of Each Disbursement this Period 1450.66 Transaction ID : SB17.21577
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement LR&M: List Rental	003 Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) B. Sunrise Data Services		Date of Disbursement M M / D D / Y Y 03 / 27 / 2014
Mailing Address 44845 Falcon Place Ste 101-A		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.21578
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement LR&M: List Rental	003 Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C. Sunrise Data Services		Date of Disbursement M M / D D / Y Y 03 / 27 / 2014
Mailing Address 44845 Falcon Place Ste 101-A		Amount of Each Disbursement this Period 1185.00 Transaction ID : SB17.21579
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement LR&M: List Rental	003 Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	2735.66
TOTAL This Period (last page this line number only).....	,

14020683293

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Sunrise Data Services		Date of Disbursement M M D D Y Y Y Y 03 27 2014
Mailing Address 44845 Falcon Place Ste 101-A		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.21580
City Dulles	State VA Zip Code 20166	
Purpose of Disbursement LR&M: List Rental	003 Category/ Type	
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Target		Date of Disbursement M M D D Y Y Y Y 02 05 2014
Mailing Address 7250 Rivers Ave		Amount of Each Disbursement this Period 211.67 Transaction ID : SB17.21477
City N Charleston	State SC Zip Code 29406	
Purpose of Disbursement Campaign Supplies	001 Category/ Type	
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. The Rainmakers		Date of Disbursement M M D D Y Y Y Y 01 08 2014
Mailing Address 5211 Port Royal Road Ste 500		Amount of Each Disbursement this Period 6634.25 Transaction ID : SB17.21515
City Springfield	State VA Zip Code 22151	
Purpose of Disbursement Fundraising Consulting	003 Category/ Type	
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional)..... 6965.92

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

14020683294

**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 141 OF 147

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. The Rainmakers		Date of Disbursement M M / D D Y Y 02 06 2014	
Mailing Address 5211 Port Royal Road Ste 500		Amount of Each Disbursement this Period 8111.68 Transaction ID : SB17.21517	
City Springfield	State VA		Zip Code 22151
Purpose of Disbursement Fundraising Consulting	003 Category/ Type		
Candidate Name			
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:		

Full Name (Last, First, Middle Initial) B. The Rainmakers		Date of Disbursement M M / D D Y Y 03 03 2014	
Mailing Address 5211 Port Royal Road Ste 500		Amount of Each Disbursement this Period 6613.89 Transaction ID : SB17.21514	
City Springfield	State VA		Zip Code 22151
Purpose of Disbursement Fundraising Consulting	003 Category/ Type		
Candidate Name			
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:		

Full Name (Last, First, Middle Initial) C. Transxt		Date of Disbursement M M / D D / Y Y 03 31 2014	
Mailing Address 190 Monroe Avenue Ste 500		Amount of Each Disbursement this Period 285.99 Transaction ID : SB17.21521	
City Grand Rapids	State MI		Zip Code 49503
Purpose of Disbursement Merchant Processing Fees	003 Category/ Type		
Candidate Name			
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:		

SUBTOTAL of Disbursements This Page (optional)..... 15011.56

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

14020683295

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. US Postal Office		Date of Disbursement M M D D Y Y 02 28 2014
Mailing Address 900 Brentwood Rd, NE #118		Amount of Each Disbursement this Period 64.00 Transaction ID : SB17.21582
City Washington State DC Zip Code 20066	Purpose of Disbursement Postage & Delivery Candidate Name	
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)	Category/Type 001
State: District:		

Full Name (Last, First, Middle Initial) B. Washington Intelligence Bureau		Date of Disbursement M M D D Y Y 01 10 2014
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.21587
City Chantilly State VA Zip Code 20151	Purpose of Disbursement Postage & Delivery Candidate Name	
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)	Category/Type 003
State: District:		

Full Name (Last, First, Middle Initial) C. Washington Intelligence Bureau		Date of Disbursement M M J D Y Y 01 16 2014
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 42.41 Transaction ID : SB17.21584
City Chantilly State VA Zip Code 20151	Purpose of Disbursement Shipping Expense Candidate Name	
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)	Category/Type 003
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... 606.41

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

14020683296

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Washington Intelligence Bureau		Date of Disbursement M M D D Y Y Y 01 16 2014
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 1960.66 Transaction ID : SB17.21589
City Chantilly State VA Zip Code 20151	003 Category/ Type	
Purpose of Disbursement Caging and Escrow		
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Washington Intelligence Bureau		Date of Disbursement M M D D Y Y Y 01 31 2014
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.21585
City Chantilly State VA Zip Code 20151	003 Category/ Type	
Purpose of Disbursement Postage & Delivery		
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. Washington Intelligence Bureau		Date of Disbursement M M D D / Y Y Y 02 14 2014
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.21586
City Chantilly State VA Zip Code 20151	003 Category/ Type	
Purpose of Disbursement Postage & Delivery		
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....	2360.66
TOTAL This Period (last page this line number only).....	

14020683297

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial)

A. Washington Intelligence Bureau

Date of Disbursement

M M / D D / Y Y Y
02 27 2014

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Amount of Each Disbursement this Period

Purpose of Disbursement
Shipping Expense

003

, , 26.54
Transaction ID : SB17.21583

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Washington Intelligence Bureau

Date of Disbursement

M M D D Y Y
02 27 2014

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Amount of Each Disbursement this Period

Purpose of Disbursement
Caging and Escrow

003

, , 904.62
Transaction ID : SB17.21588

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Washington Intelligence Bureau

Date of Disbursement

M M J D Y Y
03 14 2014

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Amount of Each Disbursement this Period

Purpose of Disbursement
Caging and Escrow

003

, , 250.00
Transaction ID : SB17.21590

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional) , 1181.16

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

14020683298

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Washington Intelligence Bureau		Date of Disbursement M M D D Y Y Y 03 20 2014	
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 746.59 Transaction ID : SB17.21591	
City Chantilly	State VA		Zip Code 20151
Purpose of Disbursement Caging and Escrow	003 Category/ Type		
Candidate Name			
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:		

Full Name (Last, First, Middle Initial) B. Washington Intelligence Bureau		Date of Disbursement M M D D Y Y Y 03 20 2014	
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 4.13 Transaction ID : SB17.21592	
City Chantilly	State VA		Zip Code 20151
Purpose of Disbursement Caging and Escrow	003 Category/ Type		
Candidate Name			
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:		

Full Name (Last, First, Middle Initial) c. Washington Intelligence Bureau		Date of Disbursement M M / D D Y Y 03 28 2014	
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.21593	
City Chantilly	State VA		Zip Code 20151
Purpose of Disbursement Caging and Escrow	003 Category/ Type		
Candidate Name			
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:		

SUBTOTAL of Disbursements This Page (optional).....	950.72
TOTAL This Period (last page this line number only).....	

14020683299

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial)

A. WESTERN REPRESENTATION PAC

Date of Disbursement

M M D / Y Y Y
02 11 2014

Mailing Address 316 CALIFORNIA AVE SUITE 40

City State Zip Code
RENO NV 89509

Amount of Each Disbursement this Period

Purpose of Disbursement
List Rental & Maintenance

003

224.56

Transaction ID : SB17.21479

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2014
 Senate Primary General
 President Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Disbursement For:
 Senate Primary General
 President Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Disbursement For:
 Senate Primary General
 President Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....	224.56
TOTAL This Period (last page this line number only).....	225041.04

14020683300

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NANCY MACE

Full Name (Last, First, Middle Initial) A. Shan Whitfield		Date of Disbursement M M D D Y Y 03 17 2014
Mailing Address 16417 Paulina St		Amount of Each Disbursement this Period 5200.00 Transaction ID : SB20A.21594
City Markham State IL Zip Code 60428	Purpose of Disbursement	
Candidate Name	010 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:		

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

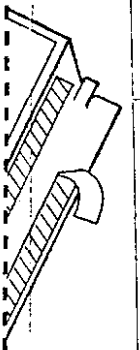
Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/>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

SUBTOTAL of Disbursements This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

14020683301

POST OFFICE

POST OFFICE



IMPORTANT FOR FIRST USE:
1. Peel away only the top adhesive strip
2. Fold entire flap to cover outline below

RT 0
FZ 0

5175
08:19

<https://www.fedex.com/shipping/htm/en/PrintFrame.html>

FedEx



From: (202) 210-5431
Dan Backer
DB Capitol Strategies PLLC
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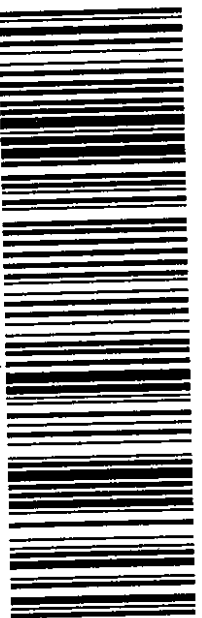
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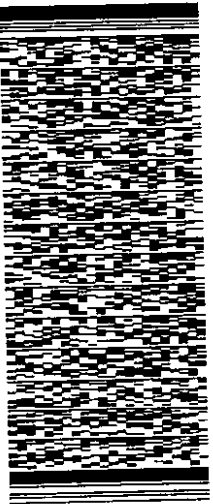
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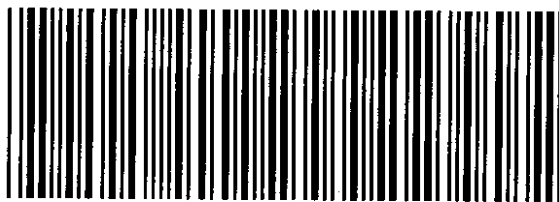
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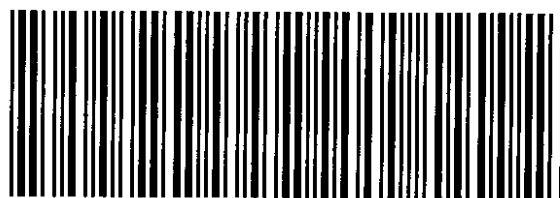
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