

14 JAN 31 PM 2:10

Office Use Only

FEC  
FORM 3

REPORT OF RECEIPTS  
AND DISBURSEMENTS

For An Authorized Committee

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

Citizens for Joe Miller

ADDRESS (number and street) 913 College Road

Check if different than previously reported. (ACC) Fairbanks AK 99701

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE STATE DISTRICT

C00522730

3. IS THIS REPORT NEW (N) OR AMENDED (A)

AK 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 MM/DD/YYYY in the State of

- (c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY
10/01/2013 through 12/31/2013

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

Type or Print Name of Treasurer Bernadette Kopy

Signature of Treasurer Bernadette Kopy Date 01/31/2014

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

Table with 8 columns for Office Use Only and FEC FORM 3 (Revised 02/2003)

14020030163

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

**Citizens for Joe Miller**

Report Covering the Period: From:

/   /

To:

/   /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	30477.14	62578.59
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	30477.14	62578.59
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	86489.90	172664.46
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	50.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	86489.90	172613.91
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	231705.84	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	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

14020030164

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Citizens for Joe Miller

Report Covering the Period: From:

MM / DD / YYYY  
10 / 01 / 2013

To:

MM / DD / YYYY  
12 / 31 / 2013

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).....	12575.00	26475.00
(ii) Unitemized.....	17902.14	36103.59
(iii) TOTAL of contributions from individuals ▶	30477.14	62578.59
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	30477.14	62578.59
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	435459.57
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	50.55
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	13.17	364.59
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	30490.31	498453.30

14020030165

**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.....	86489.90	172664.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	94083.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	86489.90	266747.46

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	287705.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30490.31
25. SUBTOTAL (add Line 23 and Line 24).....	318195.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86489.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	231705.84

14020030166

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 50
	<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	

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)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**JIM ANTOSH**

Mailing Address **200 E. FEDERAL**

City **SHAWNEE** State **OK** Zip Code **74804**

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

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

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**10 / 20 / 2013**

Transaction ID : **SA11.46719**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. SUE M. CANNON**

Mailing Address **6420 W. LAKERIDGE ROAD**

City **LAKEWOOD** State **CO** Zip Code **80227-3909**

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 **500.00**

Date of Receipt  
**11 / 05 / 2013**

Transaction ID : **SA11.46447**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **55 HACIENDA CARMEL**

City **CARMEL** State **CA** Zip Code **93923-9560**

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 **300.00**

Date of Receipt  
**10 / 10 / 2013**

Transaction ID : **SA11.46658**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

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

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

**775.00**

14020030167

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 50
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>PAM DAVIS</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2013
Mailing Address <b>55 HACIENDA CARMEL</b>		Transaction ID : <b>SA11.46704</b>
City <b>CARMEL</b>	State Zip Code <b>CA 93923-9560</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>PAM DAVIS</b>		Date of Receipt MM / DD / YYYY 10 / 25 / 2013
Mailing Address <b>55 HACIENDA CARMEL</b>		Transaction ID : <b>SA11.46721</b>
City <b>CARMEL</b>	State Zip Code <b>CA 93923-9560</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>PAM DAVIS</b>		Date of Receipt MM / DD / YYYY 12 / 14 / 2013
Mailing Address <b>55 HACIENDA CARMEL</b>		Transaction ID : <b>SA11.46775</b>
City <b>CARMEL</b>	State Zip Code <b>CA 93923-9560</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>300.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020030168

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

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

FOR LINE NUMBER: PAGE 7 OF 50  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**PAM DAVIS**

Mailing Address **55 HACIENDA CARMEL**

City **CARMEL** State **CA** Zip Code **93923-9560**

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 **300.00**

Date of Receipt **11 / 05 / 2013**  
Transaction ID : **SA11.46811**

Amount of Each Receipt this Period  
**25.00**  
CONTRIBUTION

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

Mailing Address **55 HACIENDA CARMEL**

City **CARMEL** State **CA** Zip Code **93923-9560**

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 **300.00**

Date of Receipt **11 / 14 / 2013**  
Transaction ID : **SA11.46842**

Amount of Each Receipt this Period  
**25.00**  
CONTRIBUTION

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

Mailing Address **55 HACIENDA CARMEL**

City **CARMEL** State **CA** Zip Code **93923-9560**

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 **300.00**

Date of Receipt **12 / 28 / 2013**  
Transaction ID : **SA11.46876**

Amount of Each Receipt this Period  
**25.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

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

14020030169

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**DR. JOHN T. DUDDY**

Mailing Address **7961 ALATNA AVENUE**

City **ANCHORAGE** State **AK** Zip Code **99507-8039**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **10 / 23 / 2013**

Transaction ID : **SA11.46411**

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

**B.** Full Name (Last, First, Middle Initial)  
**DR. JEFFREY P. GABEL**

Mailing Address **425 CHN SAN ANTONIO PMB 463**

City **TAMUNING** State **GU** Zip Code **96913-3602**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt **10 / 01 / 2013**

Transaction ID : **SA11.46376**

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

**C.** Full Name (Last, First, Middle Initial)  
**DR. JEFFREY P. GABEL**

Mailing Address **425 CHN SAN ANTONIO PMB 463**

City **TAMUNING** State **GU** Zip Code **96913-3602**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt **11 / 27 / 2013**

Transaction ID : **SA11.46559**

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

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

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

**1500.00**

14020030170

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
	<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)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**DR. JEFFREY P. GABEL**

Mailing Address 425 CHN SAN ANTONIO PMB 463

City <b>TAMUNING</b>	State <b>GU</b>	Zip Code <b>96913-3602</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>
--	--------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2750.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 08 / 2013**

Transaction ID : **SA11.46701**

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

**B.** Full Name (Last, First, Middle Initial)  
**DR. JEFFREY P. GABEL**

Mailing Address 425 CHN SAN ANTONIO PMB 463

City <b>TAMUNING</b>	State <b>GU</b>	Zip Code <b>96913-3602</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>
--	--------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2750.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 08 / 2013**

Transaction ID : **SA11.46701B**

Amount of Each Receipt this Period  
**-150.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**DR. JEFFREY P. GABEL**

Mailing Address 425 CHN SAN ANTONIO PMB 463

City <b>TAMUNING</b>	State <b>GU</b>	Zip Code <b>96913-3602</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>PHYSICIAN</b>
--	--------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2750.00**

Date of Receipt  
 MM / DD / YYYY  
**12 / 08 / 2013**

Transaction ID : **SA11.46883**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

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

**500.00**

14020030171

**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 50
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>JOHN M. GALLAGHER</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2013
Mailing Address 5408 S. WOODLAND AVE.		Transaction ID : SA11.46590
City WESTERN SPRINGS	State IL	Zip Code 60558-1856
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00 CONTRIBUTION	
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 225.00	

Full Name (Last, First, Middle Initial) <b>JOHN M. GALLAGHER</b>		Date of Receipt MM / DD / YYYY 10 / 15 / 2013
Mailing Address 5408 S. WOODLAND AVE.		Transaction ID : SA11.46673
City WESTERN SPRINGS	State IL	Zip Code 60558-1856
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00 CONTRIBUTION	
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 225.00	

Full Name (Last, First, Middle Initial) <b>JOHN M. GALLAGHER</b>		Date of Receipt MM / DD / YYYY 12 / 15 / 2013
Mailing Address 5408 S. WOODLAND AVE.		Transaction ID : SA11.46780
City WESTERN SPRINGS	State IL	Zip Code 60558-1856
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00 CONTRIBUTION	
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 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020030172

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

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

FOR LINE NUMBER: PAGE 11 OF 50  
(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)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL A. GRASSO**

Mailing Address **427 LOWELL LN**

City **RICHARDSON** State **TX** Zip Code **75080-4529**

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

Name of Employer **CCENTENNIAL MEDICAL CENTER** Occupation **PHARMACIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **12 / 27 / 2013**  
Transaction ID : **SA11.46865**

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

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

Mailing Address **P.O. BOX AR**

City **HAGATNA** State **GU** Zip Code **96932**

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

Name of Employer **SOUTHERN MEDIA, INC** Occupation **MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **11 / 20 / 2013**  
Transaction ID : **SA11.46686**

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

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

Mailing Address **P.O. BOX AR**

City **HAGATNA** State **GU** Zip Code **96932**

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

Name of Employer **SOUTHERN MEDIA, INC.** Occupation **MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **11 / 15 / 2013**  
Transaction ID : **SA11.46584**

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

**SUBTOTAL** of Receipts This Page (optional)..... **3100.00**

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

14020030173

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

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

FOR LINE NUMBER: PAGE 12 OF 50  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**DR. THOMAS J. KANE**

Mailing Address **1070 AALAPAPA DR**

City **KAILUA** State **HI** Zip Code **96734-3269**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**11 / 20 / 2013**

Transaction ID : **SA11.46606**

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

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

Mailing Address **1070 AALAPAPA DR**

City **KAILUA** State **HI** Zip Code **96734-3269**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**11 / 01 / 2013**

Transaction ID : **SA11.46735**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. J PAUL KERWIN**

Mailing Address **50 WEST 67TH STREET, APT 7C  
APT. 7C**

City **NEW YORK** State **NY** Zip Code **10023**

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

Name of Employer **DUQUESNE F.O.** Occupation **TRADER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**11 / 20 / 2013**

Transaction ID : **SA11.46604**

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

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

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

**450.00**

14020030174

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

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

FOR LINE NUMBER: PAGE 13 OF 50  
(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)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WALTER H. KLEINER**

Mailing Address **1725 89TH PLACE NE**

City **CLYDE HILL** State **WA** Zip Code **98004-3213**

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 **350.00**

Date of Receipt **11 / 05 / 2013**  
Transaction ID : **SA11.46458**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. WALTER H. KLEINER**

Mailing Address **1725 89TH PLACE NE**

City **CLYDE HILL** State **WA** Zip Code **98004-3213**

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 **350.00**

Date of Receipt **12 / 20 / 2013**  
Transaction ID : **SA11.46518**

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

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

Mailing Address **308 OLD STEESE HIGHWAY**

City **FAIRBANKS** State **AK** Zip Code **99701-3126**

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

Name of Employer **ARCTIC CHIROPRACTIC** Occupation **OFFICE MANAGER**

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **10 / 23 / 2013**  
Transaction ID : **SA11.46416**

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

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**

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

14020030175

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

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

FOR LINE NUMBER: PAGE 14 OF 50  
(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)  
**Citizens for Joe Miller**

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

Mailing Address **308 OLD STEESE HIGHWAY**

City **FAIRBANKS** State **AK** Zip Code **99701-3126**

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

Name of Employer **ARCTIC CHIROPRACTIC** Occupation **CHIROPRACTOR**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**10 / 23 / 2013**

Transaction ID : **SA11.46418**

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

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARGARET J. LOCKWOOD**

Mailing Address **704 QUIET CREEK**

City **HOMER** State **AK** Zip Code **99603-8228**

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

Name of Employer **L.F.C.** Occupation **CORP. SECRETARY**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**11 / 05 / 2013**

Transaction ID : **SA11.46481**

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

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

Mailing Address **5310 BISHOPS CASTLE CIRCLE**

City **ANCHORAGE** State **AK** Zip Code **99516**

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 **250.00**

Date of Receipt  
**10 / 31 / 2013**

Transaction ID : **SA11.46728**

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

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

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

**750.00**

14020030176

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

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

FOR LINE NUMBER: PAGE 15 OF 50  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

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

Mailing Address **831 BRINY CIRCLE**

City **ANCHORAGE** State **AK** Zip Code **99515**

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

Name of Employer **SELF EMPLOYED** Occupation **BUSINESS OWNER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 31 / 2013**  
Transaction ID : **SA11.46656**

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

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

Mailing Address **P.O. BOX 3384**

City **TORRANCE** State **CA** Zip Code **90510-3384**

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 **550.00**

Date of Receipt **11 / 05 / 2013**  
Transaction ID : **SA11.46806**

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

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

Mailing Address **P.O. BOX 6102**

City **WOODLAND HILLS** State **CA** Zip Code **91365-6102**

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

Name of Employer **SELF-EMPLOYED** Occupation **BUSINESS MANAGER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **12 / 13 / 2013**  
Transaction ID : **SA11.46513**

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

**SUBTOTAL** of Receipts This Page (optional) ..... **1000.00**

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

14020030177

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

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

FOR LINE NUMBER:	PAGE 16 OF 50
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
<input type="checkbox"/> 14	<input type="checkbox"/> 11d
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>MR. CARL OLSON</b>		Date of Receipt MM / DD / YYYY 10 / 10 / 2013
Mailing Address P.O. BOX 6102		Transaction ID : SA11.46659
City WOODLAND HILLS	State CA	Zip Code 91365-6102
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation BUSINESS 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) <b>JODIE PESSOLANO</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 6590 GLACIER HWY		Transaction ID : SA11.46892
City JUNEAU	State AK	Zip Code 99801-7954
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation ENGINEER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>ELAINE K K. PORTIER</b>		Date of Receipt MM / DD / YYYY 10 / 25 / 2013
Mailing Address 15770 SW TOWHEE LN		Transaction ID : SA11.46433
City BEAVERTON	State OR	Zip Code 97007-9053
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00 CONTRIBUTION	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

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

14020030178

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

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

FOR LINE NUMBER:	PAGE 17 OF 50
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>ELAINE K K. PORTIER</b>		Date of Receipt MM / DD / YYYY 10 / 01 / 2013
Mailing Address 15770 SW TOWHEE LN		Transaction ID : SA11.46554
City <b>BEAVERTON</b>	State <b>OR</b>	Zip Code <b>97007-9053</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>25.00</b> CONTRIBUTION	
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>350.00</b>	

Full Name (Last, First, Middle Initial) <b>ELAINE K K. PORTIER</b>		Date of Receipt MM / DD / YYYY 10 / 09 / 2013
Mailing Address 15770 SW TOWHEE LN		Transaction ID : SA11.46575
City <b>BEAVERTON</b>	State <b>OR</b>	Zip Code <b>97007-9053</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>25.00</b> CONTRIBUTION	
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>350.00</b>	

Full Name (Last, First, Middle Initial) <b>ELAINE K K. PORTIER</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2013
Mailing Address 15770 SW TOWHEE LN		Transaction ID : SA11.46683
City <b>BEAVERTON</b>	State <b>OR</b>	Zip Code <b>97007-9053</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>25.00</b> CONTRIBUTION	
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>350.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020030179

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

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

FOR LINE NUMBER: PAGE 18 OF 50  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**ELAINE K K. PORTIER**

Mailing Address **15770 SW TOWHEE LN**

City **BEAVERTON** State **OR** Zip Code **97007-9053**

Date of Receipt **11 / 21 / 2013**  
Transaction ID : **SA11.46687**

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

Amount of Each Receipt this Period  
**25.00**  
CONTRIBUTION

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

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

Mailing Address **15770 SW TOWHEE LN**

City **BEAVERTON** State **OR** Zip Code **97007-9053**

Date of Receipt **10 / 31 / 2013**  
Transaction ID : **SA11.46727**

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

Amount of Each Receipt this Period  
**25.00**  
CONTRIBUTION

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

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

Mailing Address **15770 SW TOWHEE LN**

City **BEAVERTON** State **OR** Zip Code **97007-9053**

Date of Receipt **12 / 08 / 2013**  
Transaction ID : **SA11.46766**

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

Amount of Each Receipt this Period  
**25.00**  
CONTRIBUTION

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

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

14020030180

**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 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>ELAINE K K. PORTIER</b>		Date of Receipt MM / DD / YYYY <b>12 / 18 / 2013</b>
Mailing Address <b>15770 SW TOWHEE LN</b>		<b>Transaction ID : SA11.46786</b>
City <b>BEAVERTON</b>	State <b>OR</b>	Zip Code <b>97007-9053</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>25.00</b>	
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>350.00</b>	

Full Name (Last, First, Middle Initial) <b>ELAINE K K. PORTIER</b>		Date of Receipt MM / DD / YYYY <b>11 / 05 / 2013</b>
Mailing Address <b>15770 SW TOWHEE LN</b>		<b>Transaction ID : SA11.46803</b>
City <b>BEAVERTON</b>	State <b>OR</b>	Zip Code <b>97007-9053</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>25.00</b>	
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>350.00</b>	

Full Name (Last, First, Middle Initial) <b>MR. ROBERT W. RUDE</b>		Date of Receipt MM / DD / YYYY <b>10 / 23 / 2013</b>
Mailing Address <b>14940 WOODLAND AVENUE</b>		<b>Transaction ID : SA11.46409</b>
City <b>EAGLE RIVER</b>	State <b>AK</b>	Zip Code <b>99577-9221</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>100.00</b>	
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020030181

**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 50	
(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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>MR. ROBERT W. RUDE</b>		Date of Receipt MM / DD / YYYY 12 / 27 / 2013
Mailing Address 14940 WOODLAND AVENUE		Transaction ID : SA11.46528
City <b>EAGLE RIVER</b>	State <b>AK</b>	Zip Code <b>99577-9221</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>50.00</b>	
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>MR. ALBERT SCHAFFER</b>		Date of Receipt MM / DD / YYYY 12 / 04 / 2013
Mailing Address P.O. BOX 610		Transaction ID : SA11.46497
City <b>SEWARD</b>	State <b>AK</b>	Zip Code <b>99664-0610</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>250.00</b>	
Name of Employer <b>INFORMATION REQUESTED PER BEST EFF</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFF</b>	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>MRS. WILLIAM M. SCHAFFER</b>		Date of Receipt MM / DD / YYYY 10 / 23 / 2013
Mailing Address P.O. BOX 610		Transaction ID : SA11.46404
City <b>SEWARD</b>	State <b>AK</b>	Zip Code <b>99664-0610</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>250.00</b>	
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020030182

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

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

FOR LINE NUMBER: PAGE 21 OF 50  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

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

Mailing Address **4124 KINGSFERRY DR**

City **ARLINGTON** State **TX** Zip Code **76016-3636**

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 **500.00**

Date of Receipt **12 / 21 / 2013**  
Transaction ID : **SA11.46855**

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

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

Mailing Address **3560 RANCHERO ROAD**

City **PLANO** State **TX** Zip Code **75093-7606**

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 **350.00**

Date of Receipt **11 / 15 / 2013**  
Transaction ID : **SA11.46583**

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

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

Mailing Address **3560 RANCHERO ROAD**

City **PLANO** State **TX** Zip Code **75093-7606**

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 **350.00**

Date of Receipt **12 / 04 / 2013**  
Transaction ID : **SA11.46713**

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

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**

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

14020030183

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
	<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)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**DR. CHRISTOPHER TWIFORD**

Mailing Address P.O. BOX 3466

City: **BETHEL** State: **AK** Zip Code: **99559-3466**

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

Name of Employer: **ARCTIC CHIROPRACTIC BETHEL** Occupation: **CHIROPRACTOR**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: **1500.00**

Date of Receipt: **10 / 19 / 2013**

Transaction ID : **SA11.46718**

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

CONTRIBUTION

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

Mailing Address 715 LANDS END DRIVE

City: **LONGBOAT KEY** State: **FL** Zip Code: **34228-1055**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: **550.00**

Date of Receipt: **11 / 20 / 2013**

Transaction ID : **SA11.46603**

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

CONTRIBUTION

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

Mailing Address 715 LANDS END DRIVE

City: **LONGBOAT KEY** State: **FL** Zip Code: **34228-1055**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: **550.00**

Date of Receipt: **11 / 23 / 2013**

Transaction ID : **SA11.46691**

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

CONTRIBUTION

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

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

**700.00**

14020030184

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

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

FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
<input type="checkbox"/> 14	<input type="checkbox"/> 11d
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>DAVID VANGURA</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013
Mailing Address 62 JEFFERSON AVE		Transaction ID : SA11.46802
City PONTE VEDRA BEACH	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer FLORIDA ANESTHESIA ASSOCIATES	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Transaction ID : SA11.46802
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	CONTRIBUTION
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) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Transaction ID : SA11.46802
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	12575.00

14020030185

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

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

FOR LINE NUMBER: PAGE 24 OF 50  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address **1717 KING STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **337.21**

Date of Receipt **MM / DD / YYYY**  
**12 / 31 / 2013**

Transaction ID : **SA15-1**

Amount of Each Receipt this Period  
**13.17**  
INTEREST INCOME

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt **MM / DD / YYYY**

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt **MM / DD / YYYY**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... **13.17**

**TOTAL** This Period (last page this line number only)..... **13.17**

14020030186

**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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. RANDY DESOTO</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2013
Mailing Address 5506 AURELIA ST		Amount of Each Disbursement this Period 1525.00
City SIMI VALLEY	State CA	
Zip Code 93063	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.52
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RANDY DESOTO</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2013
Mailing Address 5506 AURELIA ST		Amount of Each Disbursement this Period 1525.00
City SIMI VALLEY	State CA	
Zip Code 93063	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RANDY DESOTO</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2013
Mailing Address 5506 AURELIA ST		Amount of Each Disbursement this Period 1525.00
City SIMI VALLEY	State CA	
Zip Code 93063	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.54
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4575.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020030187

**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 26 OF 50

<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. RANDY DESOTO</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2013
Mailing Address 5506 AURELIA ST		Amount of Each Disbursement this Period 1525.00 Transaction ID : SB17.55
City SIMI VALLEY	State CA	
Zip Code 93063	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. RANDY DESOTO</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2013
Mailing Address 5506 AURELIA ST		Amount of Each Disbursement this Period 1525.00 Transaction ID : SB17.56
City SIMI VALLEY	State CA	
Zip Code 93063	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. RANDY DESOTO</b>		Date of Disbursement MM / DD / YYYY 12 / 03 / 2013
Mailing Address 5506 AURELIA ST		Amount of Each Disbursement this Period 714.15 Transaction ID : SB17.57
City SIMI VALLEY	State CA	
Zip Code 93063	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3764.15
<b>TOTAL</b> This Period (last page this line number only).....	

14020030188

**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 27 OF 50

<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. RANDY DESOTO</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2013
Mailing Address 5506 AURELIA ST		Amount of Each Disbursement this Period 1525.00
City SIMI VALLEY	State CA	
Zip Code 93063	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.58
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RANDY DESOTO</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013
Mailing Address 5506 AURELIA ST		Amount of Each Disbursement this Period 1525.00
City SIMI VALLEY	State CA	
Zip Code 93063	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.59
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MATTHEW JOHNSON</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2013
Mailing Address PO BOX 670791		Amount of Each Disbursement this Period 3000.00
City CHUGIAK	State AK	
Zip Code 99567	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.45
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6050.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020030189

**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 28 OF 50

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

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NAME OF COMMITTEE (In Full)  
Citizens for Joe Miller

**A. MATTHEW JOHNSON**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 670791

City CHUGIAK    State AK    Zip Code 99567

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House     Senate     President

Disbursement For:  Primary     General     Other (specify)

State:    District:

Date of Disbursement: 10 / 15 / 2013

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.46

**B. MATTHEW JOHNSON**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 670791

City CHUGIAK    State AK    Zip Code 99567

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House     Senate     President

Disbursement For:  Primary     General     Other (specify)

State:    District:

Date of Disbursement: 10 / 31 / 2013

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.47

**C. MATTHEW JOHNSON**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 670791

City CHUGIAK    State AK    Zip Code 99567

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House     Senate     President

Disbursement For:  Primary     General     Other (specify)

State:    District:

Date of Disbursement: 11 / 15 / 2013

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.48

**SUBTOTAL** of Disbursements This Page (optional)..... 9000.00

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

14020030190

**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 29 OF 50			
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. MATTHEW JOHNSON</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2013
Mailing Address PO BOX 670791		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.49
City CHUGIAK	State AK	
Zip Code 99567	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MATTHEW JOHNSON</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2013
Mailing Address PO BOX 670791		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.50
City CHUGIAK	State AK	
Zip Code 99567	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MATTHEW JOHNSON</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013
Mailing Address PO BOX 670791		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.51
City CHUGIAK	State AK	
Zip Code 99567	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	

14020030191

**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 30 OF 50

<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. FRANK SIMMONS</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2013
Mailing Address 1320 CREEK DRIVE		Amount of Each Disbursement this Period 355.59
City NORTH POLE	State AK Zip Code 99705	
Purpose of Disbursement FACILITIES MAINTENANCE/REPAIR		Transaction ID : SB17.44
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2013
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 13.50
City PHOENIX	State AZ Zip Code 85072	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.102
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2013
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 7.95
City PHOENIX	State AZ Zip Code 85072	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.104
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	377.04
<b>TOTAL</b> This Period (last page this line number only).....	

14020030192

**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 31 OF 50			
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2013
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 0.87
City PHOENIX	State AZ	
Zip Code 85072	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.106
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2013
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 7.95
City PHOENIX	State AZ	
Zip Code 85072	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.99
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BANK OF AMERICA</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2013
Mailing Address PO BOX 851001		Amount of Each Disbursement this Period 3956.23
City DALLAS	State TX	
Zip Code 75285	Purpose of Disbursement CREDIT CARD PAYMENT	Transaction ID : SB17.956
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)	See Memo Transaction Entries
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3965.05
TOTAL This Period (last page this line number only).....	

14020030193

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

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

FOR LINE NUMBER: PAGE 32 OF 50  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Citizens for Joe Miller

Full Name (Last, First, Middle Initial)  
**A. CONSERVATIVE CONNECTOR**

Mailing Address 435 E MAIN STREET  
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement  
LIST RENTAL EXPENSE

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
10 / 12 / 2013

Amount of Each Disbursement this Period  
3750.00

Transaction ID : SB17.14

[MEMO ITEM]

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

Mailing Address 3120 DENALI STREET  
STE 5

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
TELEPHONE SERVICE

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
10 / 12 / 2013

Amount of Each Disbursement this Period  
89.40

Transaction ID : SB17.20

[MEMO ITEM]

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

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD  
STE 500

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
10 / 12 / 2013

Amount of Each Disbursement this Period  
39.95

Transaction ID : SB17.21

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

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

14020030194

**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 33 OF 50

<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)  
Citizens for Joe Miller

Full Name (Last, First, Middle Initial)

**A. REPUBLIC PARKING SYSTEM**

Mailing Address 6475 OLD AIRPORT WAY

City State Zip Code  
FAIRBANKS AK 99709

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
10	12	2013

Amount of Each Disbursement this Period

12.00
-------

Transaction ID : SB17.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WAL-MART**

Mailing Address 3101 A STREET

City State Zip Code  
ANCHORAGE AK 99503

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
10	12	2013

Amount of Each Disbursement this Period

64.88
-------

Transaction ID : SB17.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address PO BOX 851001

City State Zip Code  
DALLAS TX 75285

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
11	16	2013

Amount of Each Disbursement this Period

9152.92
---------

Transaction ID : SB17.957

See Memo Transaction Entries

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

9152.92
---------

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

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14020030195

**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)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Joe Miller

Full Name (Last, First, Middle Initial)

**A. FACEBOOK**

Mailing Address 1 HACKER WAY

City State Zip Code  
MENLO PARK CA 94025

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2013

Amount of Each Disbursement this Period

336.70

Transaction ID : SB17.19

[MEMO ITEM]

**B. GOGOAIR**

Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD  
STE 500

City State Zip Code  
ITASCA IL 60143

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2013

Amount of Each Disbursement this Period

39.95

Transaction ID : SB17.22

[MEMO ITEM]

**C. GOLDEN HEART EVENTBRITE**

Mailing Address 818 WEST SEVENTH ST

City State Zip Code  
LOS ANGELES CA 90017

Purpose of Disbursement  
EVENT REGISTRATION FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2013

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.25

[MEMO ITEM]

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

0.00

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

14020030196

**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 35 OF 50

<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial)

**A. MAIL CHIMP**

Mailing Address 512 MEANS ST  
STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
DIRECT E-MAIL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2013

Amount of Each Disbursement this Period

240.00
--------

Transaction ID : SB17.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SERVICE BUSINESS PRINTING**

Mailing Address 323 E. FIREWEED LANE

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
PRINTING/COPYING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2013

Amount of Each Disbursement this Period

8421.27
---------

Transaction ID : SB17.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WAL-MART**

Mailing Address 3101 A STREET

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2013

Amount of Each Disbursement this Period

35.00
-------

Transaction ID : SB17.42

[MEMO ITEM]

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

0.00
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TOTAL This Period (last page this line number only).....

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14020030197

**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 36 OF 50	
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial)  
**A. BANK OF AMERICA**

Mailing Address **PO BOX 851001**

City **DALLAS** State **TX** Zip Code **75285**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**12 / 06 / 2013**

Amount of Each Disbursement this Period  
**1344.15**

Transaction ID : **SB17.958**

See Memo Transaction Entries

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

Mailing Address **PO BOX 68900**

City **SEATTLE** State **WA** Zip Code **98168**

Purpose of Disbursement  
**TRAVEL**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**12 / 06 / 2013**

Amount of Each Disbursement this Period  
**287.30**

Transaction ID : **SB17.1**

**[MEMO ITEM]**

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

Mailing Address **280 SOUTH AKARD ST**

City **DALLAS** State **TX** Zip Code **75202**

Purpose of Disbursement  
**TELEPHONE SERVICE**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**12 / 06 / 2013**

Amount of Each Disbursement this Period  
**35.00**

Transaction ID : **SB17.3**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... **1344.15**

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

14020030198

**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 37 OF 50	
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. CHEVRON</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2013
Mailing Address 6001 BOLLINGER CANYON RD		Amount of Each Disbursement this Period 10.01
City SAN RAMON	State CA	
Zip Code 94583	Purpose of Disbursement TRAVEL	Transaction ID : SB17.11
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIR</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2013
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 505.20
City ATLANTA	State GA	
Zip Code 30320	Purpose of Disbursement TRAVEL	Transaction ID : SB17.16
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2013
Mailing Address 600 CORPORATE PARK DR		Amount of Each Disbursement this Period 59.97
City ST. LOUIS	State MO	
Zip Code 63105	Purpose of Disbursement TRAVEL	Transaction ID : SB17.18
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

14020030199

**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 38 OF 50			
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. GOGOAIR</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2013
Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD STE 500		Amount of Each Disbursement this Period 39.95
City ITASCA	State IL Zip Code 60143	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	Transaction ID : SB17.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. KCI CAR CENTER INC</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2013
Mailing Address 426 PARIS STREET		Amount of Each Disbursement this Period 55.84
City KANSAS CITY	State MO Zip Code 64153	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB17.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. MAIL CHIMP</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2013
Mailing Address 512 MEANS ST STE 404		Amount of Each Disbursement this Period 240.00
City ATLANTA	State GA Zip Code 30318	
Purpose of Disbursement DIRECT E-MAIL SERVICES	Candidate Name	Transaction ID : SB17.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

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

14020030200

**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)

Citizens for Joe Miller

Full Name (Last, First, Middle Initial)

**A. SPRING HILL SUITES**

Mailing Address MARRIOTT INTERNATIONAL  
10400 FERNWOOD ROAD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2013

Amount of Each Disbursement this Period

110.88

Transaction ID : SB17.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address PO BOX 851001

City State Zip Code  
DALLAS TX 75285

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2013

Amount of Each Disbursement this Period

1874.43

Transaction ID : SB17.959

See Memo Transaction Entries

Full Name (Last, First, Middle Initial)

**C. ALASKA AIRLINES**

Mailing Address PO BOX 68900

City State Zip Code  
SEATTLE WA 98168

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2013

Amount of Each Disbursement this Period

428.30

Transaction ID : SB17.2

[MEMO ITEM]

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

1874.43

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

14020030201

**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 40 OF 50			
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013
Mailing Address 280 SOUTH AKARD ST		Amount of Each Disbursement this Period 35.00
City DALLAS State TX Zip Code 75202	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name		Transaction ID : SB17.4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013
Mailing Address 280 SOUTH AKARD ST		Amount of Each Disbursement this Period 35.00
City DALLAS State TX Zip Code 75202	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name		Transaction ID : SB17.5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. EBENEZERS COFFEE HOUSE</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013
Mailing Address 201 F STREET NE		Amount of Each Disbursement this Period 13.26
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name		Transaction ID : SB17.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

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

14020030202

**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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. GOGOAIR</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013
Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD STE 500		Amount of Each Disbursement this Period 39.95
City ITASCA	State IL Zip Code 60143	
Purpose of Disbursement INTERNET SERVICE	Category/Type	Transaction ID : SB17.24
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013
Mailing Address 1600 AMPHITHEATRE PKWY		Amount of Each Disbursement this Period 19.44
City MOUNTAIN VIEW	State CA Zip Code 94043	
Purpose of Disbursement WEB SERVICES	Category/Type	Transaction ID : SB17.26
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. KCI CAR CENTER INC</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013
Mailing Address 426 PARIS STREET		Amount of Each Disbursement this Period 61.83
City KANSAS CITY	State MO Zip Code 64153	
Purpose of Disbursement TRAVEL	Category/Type	Transaction ID : SB17.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

14020030203

**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)  
**Citizens for Joe Miller**

**A. MACDONALDS**

Full Name (Last, First, Middle Initial)  
Mailing Address 2111 MCDONALDS DR

City OAK BROOK State IL Zip Code 60523

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2013

Amount of Each Disbursement this Period: 18.11

Transaction ID : SB17.29

[MEMO ITEM]

**B. MAIL CHIMP**

Full Name (Last, First, Middle Initial)  
Mailing Address 512 MEANS ST STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
DIRECT E-MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2013

Amount of Each Disbursement this Period: 240.00

Transaction ID : SB17.31.1

[MEMO ITEM]

**C. MAIL CHIMP**

Full Name (Last, First, Middle Initial)  
Mailing Address 512 MEANS ST STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
DIRECT E-MAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2013

Amount of Each Disbursement this Period: 240.00

Transaction ID : SB17.31.2

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

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

14020030204

**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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial)  
**A. RESIDENCE INN**

Mailing Address **MARRIOTT INTERNATIONAL  
10400 FERNWOOD ROAD**

City **BETHESDA** State **MD** Zip Code **20817**

Purpose of Disbursement  
**TRAVEL**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement **12 / 31 / 2013**

Amount of Each Disbursement this Period **533.80**

Transaction ID : **SB17.32**

[MEMO ITEM]

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

Mailing Address **2300 N PERSHING DRIVE**

City **ARLINGTON** State **VA** Zip Code **22210**

Purpose of Disbursement  
**TRAVEL**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement **12 / 31 / 2013**

Amount of Each Disbursement this Period **36.80**

Transaction ID : **SB17.36**

[MEMO ITEM]

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

Mailing Address **2405 22ND ST NE**

City **WASHINGTON** State **DC** Zip Code **20018**

Purpose of Disbursement  
**TRAVEL**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement **12 / 31 / 2013**

Amount of Each Disbursement this Period **8.41**

Transaction ID : **SB17.37**

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... **0.00**

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

14020030205

**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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial)

**A. TAXI MAGIC**

Mailing Address 5904 RICHMOND HWY

City State Zip Code  
ALEXANDRIA VA 22303

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2013

Amount of Each Disbursement this Period

12.30

Transaction ID : SB17.38

[MEMO ITEM]

**B. TESORO**

Mailing Address 19100 RIDGEWOOD PKWY

City State Zip Code  
SAN ANTONIO TX 78259

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2013

Amount of Each Disbursement this Period

14.23

Transaction ID : SB17.39

[MEMO ITEM]

**C. USPS**

Mailing Address 4141 POSTMARK DR

City State Zip Code  
ANCHORAGE AK 99530

Purpose of Disbursement  
POSTAGE/DELIVERY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2013

Amount of Each Disbursement this Period

138.00

Transaction ID : SB17.40

[MEMO ITEM]

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

0.00

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

14020030206

**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 45 OF 50

<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2013
Mailing Address 1717 KING STREET		Amount of Each Disbursement this Period 15.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement BANK FEE	Transaction ID : SB17.6
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2013
Mailing Address 1717 KING STREET		Amount of Each Disbursement this Period 15.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement BANK FEE	Transaction ID : SB17.7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2013
Mailing Address 1717 KING STREET		Amount of Each Disbursement this Period 15.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement BANK FEE	Transaction ID : SB17.8
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020030207

**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)  
**Citizens for Joe Miller**

**A. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address **1717 KING STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**BANK FEE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **12 / 02 / 2013**

Amount of Each Disbursement this Period: **15.00**

Transaction ID : **SB17.9**

Category/Type

**B. BRICK EDITORIAL**

Full Name (Last, First, Middle Initial)

Mailing Address **7669 STAGERS LOOP**

City **DELAWARE** State **OH** Zip Code **43015**

Purpose of Disbursement  
**AUDIO/VIDEO SERVICES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **11 / 27 / 2013**

Amount of Each Disbursement this Period: **6000.00**

Transaction ID : **SB17.10**

Category/Type

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address **1593 SPRING HILL ROAD  
STE 400**

City **TYSONS CORNER** State **VA** Zip Code **22182**

Purpose of Disbursement  
**CREDIT CARD MERCHANT FEES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **10 / 01 / 2013**

Amount of Each Disbursement this Period: **78.85**

Transaction ID : **SB17.100**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **6093.85**

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

14020030208

**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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2013

Amount of Each Disbursement this Period

15.13
-------

Transaction ID : SB17.103

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 26 / 2013

Amount of Each Disbursement this Period

3.13
------

Transaction ID : SB17.107

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA MANAGEMENT SERVICES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2013

Amount of Each Disbursement this Period

7500.00
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Transaction ID : SB17.12

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

7518.26
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TOTAL This Period (last page this line number only).....

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14020030209

**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 48 OF 50

<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2013
Mailing Address 1593 SPRING HILL ROAD STE 400		Amount of Each Disbursement this Period 3750.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATA MANAGEMENT SERVICES		Transaction ID : SB17.13
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. COURTHOUSE SQUARE CONDOMINIUM ASSOCIATION</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2013
Mailing Address 813 D STREET STE 200		Amount of Each Disbursement this Period 2618.46
City ANCHORAGE	State AK Zip Code 99501	
Purpose of Disbursement RENT/PARKING/UTILITIES		Transaction ID : SB17.15
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. MERCHANT SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2013
Mailing Address PO BOX 6995		Amount of Each Disbursement this Period 69.66
City PORTLAND	State OR Zip Code 97228	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.101
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6438.12
<b>TOTAL</b> This Period (last page this line number only).....	

14020030210

**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 49 OF 50			
	<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)  
**Citizens for Joe Miller**

**A. MERCHANT SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address **PO BOX 6995**

City **PORTLAND** State **OR** Zip Code **97228**

Purpose of Disbursement  
**CREDIT CARD MERCHANT FEES**

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
**11 / 04 / 2013**

Amount of Each Disbursement this Period  
**73.20**

Transaction ID : **SB17.105**

Category/Type

**B. MERCHANT SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address **PO BOX 6995**

City **PORTLAND** State **OR** Zip Code **97228**

Purpose of Disbursement  
**CREDIT CARD MERCHANT FEES**

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
**12 / 03 / 2013**

Amount of Each Disbursement this Period  
**167.63**

Transaction ID : **SB17.108**

Category/Type

**C. PIRYX / RALLY**

Full Name (Last, First, Middle Initial)  
Mailing Address **144 2ND STREET, 1ST FLOOR**

City **SAN FRANCISCO** State **CA** Zip Code **94105**

Purpose of Disbursement  
**CREDIT CARD MERCHANT FEES**

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
**12 / 31 / 2013**

Amount of Each Disbursement this Period  
**1948.83**

Transaction ID : **SB17.PYX01**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **2189.66**

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

14020030211

**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 50 OF 50

<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM J. OLSON, P.C.</b>		Date of Disbursement MM / DD / YYYY 12 / 26 / 2013
Mailing Address 370 MAPLE AVENUE STE 4		Amount of Each Disbursement this Period 15102.27
City VIENNA	State VA	
Zip Code 22180	Purpose of Disbursement LEGAL SERVICES	Transaction ID : SB17.43
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15102.27
<b>TOTAL</b> This Period (last page this line number only).....	86489.90

14020030212

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
HANT SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS

HAND DELIVERED

Date of Receipt

**1-31-14**

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USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

PREPARER

**DH**

DATE PREPARED

**1-31-14**

14020030213

14020030214

