

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Friends of Stephen K. Simpson, Inc.

ADDRESS (number and street) P O Box 1960
 Check if different than previously reported. (ACC) Milledgeville GA 31059

2. **FEC IDENTIFICATION NUMBER** C C00504175 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
GA 10

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

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

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 52

Write or Type Committee Name

Friends of Stephen K. Simpson, Inc.

Report Covering the Period: From: / To: /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	24008.39	132930.49
(b) Total Contribution Refunds (from Line 20(d))	0.00	5365.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	24008.39	127565.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	41620.91	93377.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1755.63
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	41620.91	91621.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	87949.04	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	80420.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Stephen K. Simpson, Inc.

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21550.00	119951.00
(ii) Unitemized.....	2458.39	7979.49
(iii) TOTAL of contributions from individuals ▶	24008.39	127930.49
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	5000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	24008.39	132930.49
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	52700.00	52700.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	52700.00	52700.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1755.63
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	76708.39	187386.12

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41620.91	93377.34
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	5365.00
(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	5365.00
21. OTHER DISBURSEMENTS	0.00	250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	41620.91	98992.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	52861.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	76708.39
25. SUBTOTAL (add Line 23 and Line 24).....	129569.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41620.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	87949.04

**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 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

A. Full Name (Last, First, Middle Initial)
Betty Baugh

Mailing Address 366 Pancras Rd.

City Milledgeville State GA Zip Code 31061

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5311

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
James F Braswell

Mailing Address 4922 Wellington Dr.

City Macon State GA Zip Code 31210

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

Name of Employer Lamb & Braswell Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5361

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Jeffrey L. Burnette

Mailing Address 4625 Kilmersdon Ln.

City Suwanee State GA Zip Code 30024

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

Name of Employer Bayer Occupation Account Rep

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5288

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Chat Daniel		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013
Mailing Address 250 Corral Rd.		Transaction ID : SA11AI.5321
City Milledgeville	State Zip Code GA 31061	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Century Bank Milledgeville	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Chuck N Dowdle		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2013
Mailing Address 819 Commons Park		Transaction ID : SA11AI.5359
City Statham	State Zip Code GA 30666	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00	

Full Name (Last, First, Middle Initial) C. Michael Faulk		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013
Mailing Address 303 S Jefferson Ave		Transaction ID : SA11AI.5407
City Eatonton	State Zip Code GA 31024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Shoppers Pharmacy	Occupation Pharmacist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2200.00	

SUBTOTAL of Receipts This Page (optional).....	4400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

A. Full Name (Last, First, Middle Initial)
John L. Ferguson

Mailing Address P O Box 827

City Milledgeville State GA Zip Code 31059

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

Name of Employer Self-Employed Occupation Orthodontist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

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

Transaction ID : SA11AI.5338

Amount of Each Receipt this Period
300.00

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

Mailing Address 1627 Storington Avenue

City Brandon State FL Zip Code 33511-1837

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

Name of Employer JSA Healthcare Occupation Registered Nurse

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3100.00**

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

Transaction ID : SA11AI.5326

Amount of Each Receipt this Period
500.00

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

Mailing Address 1627 Storington Avenue

City Brandon State FL Zip Code 33511-1837

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 **3100.00**

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

Transaction ID : SA11AI.5327

Amount of Each Receipt this Period
500.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

A. Full Name (Last, First, Middle Initial)
Richard Goldstein

Mailing Address 310 Quiet Water Lane

City Atlanta State GA Zip Code 30350

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

Name of Employer Self-Employed Occupation Small Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 29 / 2013

Transaction ID : SA11AI.5309

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ellen S. Goodrich

Mailing Address 203 O'Connor Dr., NW

City Milledgeville State GA Zip Code 31061

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
 M M / D D / Y Y Y Y Y
 12 / 24 / 2013

Transaction ID : SA11AI.5336

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ground Floor, LLC

Mailing Address 110 Arnold Mill Park Ste 200

City Woodstock State GA Zip Code 30188

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 29 / 2013

Transaction ID : SA11AI.5381

Amount of Each Receipt this Period
1500.00
 Inv 2180

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

A. Full Name (Last, First, Middle Initial)
Van D. Hipp Jr.

Mailing Address 809 Quaker Lane

City	State	Zip Code
Alexandria	VA	22302

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

Name of Employer	Occupation
American Defense International	Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5315

Amount of Each Receipt this Period

1000.00

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

Mailing Address 4005 Reflection Ct.

City	State	Zip Code
Naples	FL	34109

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

Name of Employer	Occupation
Delta Air Lines	Pilot

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5365

Amount of Each Receipt this Period

1000.00

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

Mailing Address 3006 Heritage Road NE Ste D

City	State	Zip Code
Milledgeville	GA	31061

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

Name of Employer	Occupation
Self	Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 10 OF 52
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

A. Full Name (Last, First, Middle Initial)
Middle GA Management Svcs., Inc.

Mailing Address PO Box 796

City Milledgeville State GA Zip Code 31059

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5344

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Malcolm S. Moore Jr.

Mailing Address 1429 Oglethorpe St.

City Macon State GA Zip Code 31201

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

Name of Employer Occupation
 Eye Center of Central Georgia Ophamologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5340

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3691 Davis Academy Rd.

City Rutledge State GA Zip Code 30633

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

Name of Employer Occupation
 Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.5352

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

A. Full Name (Last, First, Middle Initial)
Terrell J Plooster

Mailing Address 738 Harrison Drive

City State Zip Code
Evans GA 30809

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

Name of Employer Occupation
Bayer HealthCare Medical Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael Lee Rowell

Mailing Address PO Box 1936

City State Zip Code
Monroe GA 30655

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

Name of Employer Occupation
Coldwell Banker Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.5313

Amount of Each Receipt this Period
500.00

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

Mailing Address 3305 Northside Drive

City State Zip Code
Macon GA 31210

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

Name of Employer Occupation
Self Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11AI.5342

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

A. Full Name (Last, First, Middle Initial)
Cliff Sheppard

Mailing Address PO Drawer 797

City Sandersville State GA Zip Code 31082

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

Name of Employer Howard Sheppard, Inc. Occupation President / CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5324

Amount of Each Receipt this Period
 500.00

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

Mailing Address 131 Maple Trace

City Birmingham State AL Zip Code 35244

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

Name of Employer Delta Air Lines Occupation Captain

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 07 / 2013

Transaction ID : SA11AI.5317

Amount of Each Receipt this Period
 2000.00

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

Mailing Address P O Box 26549

City Macon State GA Zip Code 31221

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

Name of Employer Southern Equipment Co. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.5366

Amount of Each Receipt this Period
 1000.00

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

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

3500.00

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

A. Full Name (Last, First, Middle Initial)
Ken Wheat

Mailing Address 4327 Ivy Hall Drive

City Columbia State SC Zip Code 29206

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

Name of Employer Boyd Management Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 5200.00

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

Transaction ID : SA11AI.5343

Amount of Each Receipt this Period
 2600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2600.00

21550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

A. Full Name (Last, First, Middle Initial)
Mr. Stephen K Simpson

Mailing Address P O Box 1960

City Milledgeville State GA Zip Code 31059

FEC ID number of contributing federal political committee. **C H2GA10117**

Name of Employer Self Employer Occupation Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 29 / 2013

Transaction ID : SA13A.5371

Amount of Each Receipt this Period
2700.00

Loan

B. Full Name (Last, First, Middle Initial)
Mr. Stephen K Simpson

Mailing Address P O Box 1960

City Milledgeville State GA Zip Code 31059

FEC ID number of contributing federal political committee. **C H2GA10117**

Name of Employer Self Employer Occupation Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
17700.00

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

Transaction ID : SA13A.5372

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
Mr. Stephen K Simpson

Mailing Address P O Box 1960

City Milledgeville State GA Zip Code 31059

FEC ID number of contributing federal political committee. **C H2GA10117**

Name of Employer Self Employer Occupation Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
57700.00

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

Transaction ID : SA13A.5376

Amount of Each Receipt this Period
40000.00

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

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

52700.00

52700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. BarclayCard		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address P.O. Box 13337		Amount of Each Disbursement this Period 269.30 Transaction ID : SB17.5300
City Philadelphia State PA Zip Code 19101	Purpose of Disbursement Credit Card Payment 001 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. Microsoft Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.5300.3 [MEMO ITEM]
City Redmond State WA Zip Code 98052	Purpose of Disbursement Web services 001 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) c. BarclayCard		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address P.O. Box 13337		Amount of Each Disbursement this Period 473.06 Transaction ID : SB17.5465
City Philadelphia State PA Zip Code 19101	Purpose of Disbursement Credit Card Payment 001 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

SUBTOTAL of Disbursements This Page (optional).....	742.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 116.95 Transaction ID : SB17.5465.0
City Basking Ridge	State NJ Zip Code 07920	
Purpose of Disbursement Phone Service	Category/Type 001	[MEMO ITEM]
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 29.19 Transaction ID : SB17.5465.2
City Waycross	State GA Zip Code 31501	
Purpose of Disbursement Gas/Travel	Category/Type 002	[MEMO ITEM]
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) c. Wal Mart		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 702 SW 8th St		Amount of Each Disbursement this Period 59.67 Transaction ID : SB17.5465.4
City Bentonville	State AR Zip Code 72716	
Purpose of Disbursement Gas/Travel	Category/Type 002	[MEMO ITEM]
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. 8x8, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 2125 O'Nel Drive		Amount of Each Disbursement this Period 225.72
City San Jose State CA Zip Code 95131	Purpose of Disbursement Phone Service 001	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5465.5 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. BarclayCard		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address P.O. Box 13337		Amount of Each Disbursement this Period 3679.30
City Philadelphia State PA Zip Code 19101	Purpose of Disbursement Credit Card 001	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Wal Mart		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 702 SW 8th St		Amount of Each Disbursement this Period 49.60
City Bentonville State AR Zip Code 72716	Purpose of Disbursement Gas/Travel 002	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.3 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3679.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 48.36
City Waycross	State GA	Zip Code 31501
Purpose of Disbursement Gas/Travel	Category/ Type 002	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.4 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) B. Microsoft Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 96.58
City Redmond	State WA	Zip Code 98052
Purpose of Disbursement Web Services	Category/ Type 001	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.7 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) c. Delta Air Lines		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address P.O Box 20706		Amount of Each Disbursement this Period 732.80
City Atlanta	State GA	Zip Code 30320
Purpose of Disbursement Air Travel	Category/ Type 002	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.8 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Microsoft Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 90.00
City Redmond State WA Zip Code 98052	Purpose of Disbursement Web Services	Transaction ID : SB17.5492.13
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 41.15
City Waycross State GA Zip Code 31501	Purpose of Disbursement Gas/Travel	Transaction ID : SB17.5492.15
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 216.23
City Basking Ridge State NJ Zip Code 07920	Purpose of Disbursement Mobile Phone Svc	Transaction ID : SB17.5492.16
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Microsoft Corp.		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 15.00
City Redmond State WA Zip Code 98052	Purpose of Disbursement Web Services 001	Transaction ID : SB17.5492.17
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 7601 Penn Ave S.		Amount of Each Disbursement this Period 393.74
City Richfield State MN Zip Code 55423	Purpose of Disbursement Computer Equipment 001	Transaction ID : SB17.5492.19
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. 8x8, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 2125 O'Nel Drive		Amount of Each Disbursement this Period 225.72
City San Jose State CA Zip Code 95131	Purpose of Disbursement Phone Svc 001	Transaction ID : SB17.5492.25
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 7601 Penn Ave S.		Amount of Each Disbursement this Period 213.99
City Richfield State MN Zip Code 55423	Purpose of Disbursement Camera equipment 001	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.26 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Wal Mart		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 702 SW 8th St		Amount of Each Disbursement this Period 43.29
City Bentonville State AR Zip Code 72716	Purpose of Disbursement Gas/Travel 002	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.28 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 53.34
City Waycross State GA Zip Code 31501	Purpose of Disbursement Gas/Travel 002	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.38 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Microsoft Corp.		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 110.00
City State Zip Code Redmond WA 98052	Purpose of Disbursement Web Services	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.43 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 001		

Full Name (Last, First, Middle Initial) B. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 38.90
City State Zip Code Waycross GA 31501	Purpose of Disbursement Gas/Travel	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.44 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 002		

Full Name (Last, First, Middle Initial) c. Wal Mart		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 702 SW 8th St		Amount of Each Disbursement this Period 28.40
City State Zip Code Bentonville AR 72716	Purpose of Disbursement Gas/Travel	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.45 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 002		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 908.39
City State Zip Code Waycross GA 31501	Purpose of Disbursement Gas/Travel	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.46 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Microsoft Corp.		Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2013
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 15.00
City State Zip Code Redmond WA 98052	Purpose of Disbursement Web Services	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5492.48 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10	Category/Type 001	

Full Name (Last, First, Middle Initial) c. BarclayCard		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address P.O. Box 13337		Amount of Each Disbursement this Period 908.39
City State Zip Code Philadelphia PA 19101	Purpose of Disbursement Credit Card	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5565
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	908.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 31.05
City Waycross	State GA	
Purpose of Disbursement Gas/Travel	Zip Code 31501	Category/ Type 002
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 10	

Full Name (Last, First, Middle Initial) B. Microsoft Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 15.00
City Redmond	State WA	
Purpose of Disbursement Web Services	Zip Code 98052	Category/ Type 001
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 10	

Full Name (Last, First, Middle Initial) c. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 45.55
City Waycross	State GA	
Purpose of Disbursement Gas/travel	Zip Code 31501	Category/ Type 002
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 10	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2013
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 84.41
City Basking Ridge	State NJ Zip Code 07920	
Purpose of Disbursement Phone Service	001	Transaction ID : SB17.5565.11 [MEMO ITEM]
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. 8x8, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2013
Mailing Address 2125 O'Nel Drive		Amount of Each Disbursement this Period 225.72
City San Jose	State CA Zip Code 95131	
Purpose of Disbursement Phone Service	001	Transaction ID : SB17.5565.12 [MEMO ITEM]
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) c. BarclayCard		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address P.O. Box 13337		Amount of Each Disbursement this Period 542.38
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement Credit Card	001	Transaction ID : SB17.5599
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

SUBTOTAL of Disbursements This Page (optional).....	542.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 26.14
City State Zip Code Waycross GA 31501	Purpose of Disbursement Gas/Travel	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5599.12 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 002		

Full Name (Last, First, Middle Initial) B. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 37.53
City State Zip Code Waycross GA 31501	Purpose of Disbursement Gas/Travel	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5599.15 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 002		

Full Name (Last, First, Middle Initial) c. Microsoft Corp.		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2013
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 90.00
City State Zip Code Redmond WA 98052	Purpose of Disbursement	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5599.16 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 001		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. BarclayCard		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address P.O. Box 13337		Amount of Each Disbursement this Period 47.57 Transaction ID : SB17.5624
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement	001	Category/Type
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 5.14 Transaction ID : SB17.5624.0
City Waycross	State GA Zip Code 31501	
Purpose of Disbursement	002	Category/Type
Candidate Name Friends of Stephen K. Simpson, Inc.		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) c. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 42.43 Transaction ID : SB17.5624.1
City Waycross	State GA Zip Code 31501	
Purpose of Disbursement	002	Category/Type
Candidate Name Friends of Stephen K. Simpson, Inc.		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

SUBTOTAL of Disbursements This Page (optional).....	47.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Rick Brown		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 1044A Broad Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5413
City Augusta	State GA	
Purpose of Disbursement Consulting Services	001	Category/ Type
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) B. Rick Brown		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 1044A Broad Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5422
City Augusta	State GA	
Purpose of Disbursement Consulting Services	001	Category/ Type
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) C. Rick Brown		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 1044A Broad Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5427
City Augusta	State GA	
Purpose of Disbursement Consulting Services	001	Category/ Type
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Rick Brown		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 1044A Broad Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5434
City Augusta	State GA	
Purpose of Disbursement Consulting Services	001	Category/ Type
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) B. Rick Brown		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 1044A Broad Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5439
City Augusta	State GA	
Purpose of Disbursement Consulting Services	001	Category/ Type
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) C. Rick Brown		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 1044A Broad Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5440
City Augusta	State GA	
Purpose of Disbursement Consulting Services	001	Category/ Type
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Rick Brown		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 1044A Broad Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5442
City Augusta	State GA	
Purpose of Disbursement Consulting Services	001	Category/ Type
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) B. Rick Brown		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 1044A Broad Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5443
City Augusta	State GA	
Purpose of Disbursement Consulting Services	001	Category/ Type
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) C. Rick Brown		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 1044A Broad Street		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5444
City Augusta	State GA	
Purpose of Disbursement Consulting Services	001	Category/ Type
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Rick Brown		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2013
Mailing Address 1044A Broad Street		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5445
City Augusta	State GA	
Zip Code 30901	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name Friends of Stephen K. Simpson, Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 10	

Full Name (Last, First, Middle Initial) B. Capital One		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address P O Box 30285		Amount of Each Disbursement this Period 89.00 Transaction ID : SB17.5627
City Salt Lake City	State UT	
Zip Code 84130	Purpose of Disbursement Credit Card Exp	Category/ Type 001
Candidate Name Friends of Stephen K. Simpson, Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 10	

Full Name (Last, First, Middle Initial) c. Flash Foods, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 215 Pendleton St.		Amount of Each Disbursement this Period 6.74 Transaction ID : SB17.5627.0 [MEMO ITEM]
City Waycross	State GA	
Zip Code 31501	Purpose of Disbursement Gas/Travel	Category/ Type 002
Candidate Name Friends of Stephen K. Simpson, Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 10	

SUBTOTAL of Disbursements This Page (optional).....	339.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Chameleon Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 80 AG Best Rd.		Amount of Each Disbursement this Period 53.35
City Eastman	State GA	
Zip Code 31023	Purpose of Disbursement Printed Campaign Supplies	Transaction ID : SB17.5627.2 [MEMO ITEM]
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. Capital One		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address P O Box 30285		Amount of Each Disbursement this Period 298.00
City Salt Lake City	State UT	
Zip Code 84130	Purpose of Disbursement Credit Card Exp	Transaction ID : SB17.5632
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) c. Chameleon Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 80 AG Best Rd.		Amount of Each Disbursement this Period 201.60
City Eastman	State GA	
Zip Code 31023	Purpose of Disbursement Printed Campaign Materials	Transaction ID : SB17.5632.3 [MEMO ITEM]
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

SUBTOTAL of Disbursements This Page (optional).....	298.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Capital One		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address P O Box 30285		Amount of Each Disbursement this Period 1350.92 Transaction ID : SB17.5640
City Salt Lake City	State UT	
Zip Code 84130	Purpose of Disbursement Credit Card Exp	Category/ Type 001
Candidate Name Friends of Stephen K. Simpson, Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 10	

Full Name (Last, First, Middle Initial) B. Chameleon Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 80 AG Best Rd.		Amount of Each Disbursement this Period 333.36 Transaction ID : SB17.5640.0 [MEMO ITEM]
City Eastman	State GA	
Zip Code 31023	Purpose of Disbursement	Category/ Type 001
Candidate Name Friends of Stephen K. Simpson, Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 10	

Full Name (Last, First, Middle Initial) c. Chameleon Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 80 AG Best Rd.		Amount of Each Disbursement this Period 96.40 Transaction ID : SB17.5640.1 [MEMO ITEM]
City Eastman	State GA	
Zip Code 31023	Purpose of Disbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1350.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Chameleon Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 80 AG Best Rd.		Amount of Each Disbursement this Period 666.21
City Eastman State GA Zip Code 31023	Purpose of Disbursement 001	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5640.2 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 246.09
City Basking Ridge State NJ Zip Code 07920	Purpose of Disbursement 001	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5640.3 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2460 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Capital One		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address P O Box 30285		Amount of Each Disbursement this Period 91.14
City Salt Lake City State UT Zip Code 84130	Purpose of Disbursement Credit Card Exp 001	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5648
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	91.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Charter Cable		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 2400 N. Columbia St.		Amount of Each Disbursement this Period 91.24 Transaction ID : SB17.5386
City Milledgeville State GA Zip Code 31061	Purpose of Disbursement Utility - Cable / Internet 001 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. Charter Cable		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 2400 N. Columbia St.		Amount of Each Disbursement this Period 91.24 Transaction ID : SB17.5399
City Milledgeville State GA Zip Code 31061	Purpose of Disbursement Utilities - Cable 001 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) c. Charter Cable		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 2400 N. Columbia St.		Amount of Each Disbursement this Period 91.26 Transaction ID : SB17.5403
City Milledgeville State GA Zip Code 31061	Purpose of Disbursement Utilities - Cable 001 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

SUBTOTAL of Disbursements This Page (optional).....	273.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Georgia Power		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 241 Ralph McGill Blvd NE		Amount of Each Disbursement this Period 48.19
City Atlanta State GA Zip Code 30308	Purpose of Disbursement Electricity	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5379
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Georgia Power		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 241 Ralph McGill Blvd NE		Amount of Each Disbursement this Period 34.14
City Atlanta State GA Zip Code 30308	Purpose of Disbursement Utilities - Electricity	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5398
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10	Category/Type 001	

Full Name (Last, First, Middle Initial) c. Georgia Power		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 241 Ralph McGill Blvd NE		Amount of Each Disbursement this Period 52.10
City Atlanta State GA Zip Code 30308	Purpose of Disbursement Utilities - Electricity	
Candidate Name Friends of Stephen K. Simpson, Inc.		Transaction ID : SB17.5402
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	134.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Spencer Goldstein		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 1201 Crooked Creek Road		Amount of Each Disbursement this Period 746.86
City Watkinsville	State GA	
Zip Code 30677	Purpose of Disbursement Staff	Transaction ID : SB17.5417
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. Spencer Goldstein		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2013
Mailing Address 1201 Crooked Creek Road		Amount of Each Disbursement this Period 941.14
City Watkinsville	State GA	
Zip Code 30677	Purpose of Disbursement Travel Reimbursement	Transaction ID : SB17.5446
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) c. Ground Floor, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 110 Arnold Mill Park Ste 200		Amount of Each Disbursement this Period 1500.00
City Woodstock	State GA	
Zip Code 30188	Purpose of Disbursement Inv #3290 - Video Production	Transaction ID : SB17.5383
Candidate Name Friends of Stephen K. Simpson, Inc.	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

SUBTOTAL of Disbursements This Page (optional).....	3188.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 52		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Leanne Livingston		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 3251 Eagle Watch Drive		Amount of Each Disbursement this Period 735.00 Transaction ID : SB17.5411
City Woodstock	State GA	
Purpose of Disbursement 2013-10-10 Social Media Adv		Category/ Type 004
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. Leanne Livingston		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 3251 Eagle Watch Drive		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5414
City Woodstock	State GA	
Purpose of Disbursement Advertising		Category/ Type 004
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) c. Leanne Livingston		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 3251 Eagle Watch Drive		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5430
City Woodstock	State GA	
Purpose of Disbursement Advertising		Category/ Type 004
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

SUBTOTAL of Disbursements This Page (optional).....	1335.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Leanne Livingston		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 3251 Eagle Watch Drive		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5432
City Woodstock	State GA	
Purpose of Disbursement Advertising		Category/ Type 004
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 144 Second St. 1st Floor		Amount of Each Disbursement this Period 1276.03 Transaction ID : SB17.5405
City San Francisco	State CA	
Purpose of Disbursement Software Fees		Category/ Type 003
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

Full Name (Last, First, Middle Initial) c. Raven Rock Ledgers		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 1467 West Martintown Road		Amount of Each Disbursement this Period 85.00 Transaction ID : SB17.5431
City North Augusta	State SC	
Purpose of Disbursement Accounting		Category/ Type 001
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 10	

SUBTOTAL of Disbursements This Page (optional).....	1961.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 1043 Barr Rd.		Amount of Each Disbursement this Period 4015.21 Transaction ID : SB17.5389
City Lexington State SC Zip Code 29072	Purpose of Disbursement Consulting Services 006 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 1043 Barr Rd.		Amount of Each Disbursement this Period 8333.33 Transaction ID : SB17.5390
City Lexington State SC Zip Code 29072	Purpose of Disbursement Consulting Services 003 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 1043 Barr Rd.		Amount of Each Disbursement this Period 175.00 Transaction ID : SB17.5392
City Lexington State SC Zip Code 29072	Purpose of Disbursement Consulting Services 004 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	12523.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Strategic Campaign Consulting		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 3070 Winward Pkwy Suite F-289		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.5408
City Alpharetta State GA Zip Code 30005	Purpose of Disbursement Consulting 003 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. Strategic Campaign Consulting		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 3070 Winward Pkwy Suite F-289		Amount of Each Disbursement this Period 694.56 Transaction ID : SB17.5419
City Alpharetta State GA Zip Code 30005	Purpose of Disbursement Consulting Services 003 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) c. Strategic Campaign Consulting		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 3070 Winward Pkwy Suite F-289		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.5433
City Alpharetta State GA Zip Code 30005	Purpose of Disbursement Consulting Services 003 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

SUBTOTAL of Disbursements This Page (optional).....	3094.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Strategic Campaign Consulting		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 3070 Winward Pkwy Suite F-289		Amount of Each Disbursement this Period 321.28 Transaction ID : SB17.5435
City Alpharetta State GA Zip Code 30005	Purpose of Disbursement Consulting Services 003 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10		

Full Name (Last, First, Middle Initial) B. Strategic Campaign Consulting		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2013
Mailing Address 3070 Winward Pkwy Suite F-289		Amount of Each Disbursement this Period 365.68 Transaction ID : SB17.5447
City Alpharetta State GA Zip Code 30005	Purpose of Disbursement Consulting Services 003 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10		

Full Name (Last, First, Middle Initial) c. Teri Harris Trucking, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 994 Winterville Road		Amount of Each Disbursement this Period 380.12 Transaction ID : SB17.5415
City Athens State GA Zip Code 30605	Purpose of Disbursement Transportation Services 001 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10		

SUBTOTAL of Disbursements This Page (optional).....	1067.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. The Brainstorm Lab		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 4149 Arkwright Rd., Ste A		Amount of Each Disbursement this Period 104.39 Transaction ID : SB17.5380
City Macon	State GA	
Zip Code 31210	Purpose of Disbursement Inv 457 - Printing	Category/ Type 006
Candidate Name Friends of Stephen K. Simpson, Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 10	

Full Name (Last, First, Middle Initial) B. Beverly Thomas		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 257 Clear Lake Dr.		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.5388
City Douglas	State GA	
Zip Code 31533	Purpose of Disbursement Office Rent	Category/ Type 001
Candidate Name Friends of Stephen K. Simpson, Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 10	

Full Name (Last, First, Middle Initial) c. Beverly Thomas		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 257 Clear Lake Dr.		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.5394
City Douglas	State GA	
Zip Code 31533	Purpose of Disbursement Office Rent	Category/ Type 001
Candidate Name Friends of Stephen K. Simpson, Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 10	

SUBTOTAL of Disbursements This Page (optional).....	1704.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 52			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Beverly Thomas		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 257 Clear Lake Dr.		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.5404
City Douglas State GA Zip Code 31533	Purpose of Disbursement Office Rent 001 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Prisca Villa		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 2818 Molly Drive		Amount of Each Disbursement this Period 201.49 Transaction ID : SB17.5441
City Lawrenceville State GA Zip Code 30044	Purpose of Disbursement Advertising 004 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Prisca Villa		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2013
Mailing Address 2818 Molly Drive		Amount of Each Disbursement this Period 377.43 Transaction ID : SB17.5448
City Lawrenceville State GA Zip Code 30044	Purpose of Disbursement Advertising 004 Category/Type	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1378.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Stephen K. Simpson, Inc.

Full Name (Last, First, Middle Initial) A. Winfrey & Company		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 228 South Washington Street Suite B-20		Amount of Each Disbursement this Period 1120.43 Transaction ID : SB17.5437
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Campaign Event Expense Category/Type 007	
Candidate Name Friends of Stephen K. Simpson, Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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).....	1120.43
TOTAL This Period (last page this line number only).....	41030.18

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4156

Friends of Stephen K. Simpson, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Stephen K Simpson

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
P O Box 1960

City State ZIP Code
Milledgeville GA 31059

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 0.00 10000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00
TOTALS This Period (last page in this line only)..... ▶

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

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Friends of Stephen K. Simpson, Inc.** Transaction ID : **SC/10.4481**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Stephen K Simpson	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P O Box 1960		

City	State	ZIP Code
Milledgeville	GA	31059

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 05 / Y 2012	M M / D D / Y 11/30/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="2500.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Friends of Stephen K. Simpson, Inc.** Transaction ID : **SC/10.4482**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Stephen K Simpson	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P O Box 1960		

City	State	ZIP Code
Milledgeville	GA	31059

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5220.00	0.00	5220.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 22 / Y 2012	M M / D D / Y 11/30/2012			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	5220.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4731

Friends of Stephen K. Simpson, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election:

Mr. Stephen K Simpson

Primary
 General
 Other (specify) ▼

Mailing Address
P O Box 1960

City State ZIP Code
Milledgeville GA 31059

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
25000.00 15000.00 10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 07 / D 17 / Y 2012 Y

M / D / Y 12/31/12 Y

0.00 % (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 10000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.5371**

Friends of Stephen K. Simpson, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. Stephen K Simpson

Primary
 General
 Other (specify) ▼

Mailing Address
P O Box 1960

City State ZIP Code
Milledgeville GA 31059

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2700.00 0.00 2700.00

TERMS

Date Incurred Date Due Interest Rate Secured:
10 / 29 / 2013 M M / D D / 12/31/2016 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 2700.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Stephen K. Simpson, Inc.** Transaction ID : **SC/10.5372**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Stephen K Simpson** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
P O Box 1960

City State ZIP Code
Milledgeville GA 31059

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS

Date Incurred: M 12 / D 26 / Y 2013
 Date Due: M / D / Y 12/31/2016
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Stephen K. Simpson, Inc.** Transaction ID : **SC/10.5376**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Mr. Stephen K Simpson Primary
 Mailing Address P O Box 1960 General
 Other (specify) ▼

City State ZIP Code
 Milledgeville GA 31059

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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TERMS

Date Incurred M 12 / D 31 / Y 2013	Date Due M / D / Y 12/31/2016	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="40000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="80420.00"/>

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