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SECRETARY OF THE S. STATE

15 FEB -3 PM 3:29

Office Use Only

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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

12FE4M5

Annette Bosworth MD for U.S. Senate

ADDRESS (number and street)

P. O. Box 130

Check if different than previously reported. (ACC)

Tea

SD

57064

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C C00547539

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

SD

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

MM 10 DD 01

YYYY 2014

through

MM 12 DD 31

YYYY 2014

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

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer

Date

MM 01 DD 28

YYYY 2015

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

15020085195

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 29

Write or Type Committee Name

**Annette Bosworth MD for U.S. Senate**

Report Covering the Period: From: 

M	M	/	D	D
10			01	

 2014 To: 

M	M	/	D	D
12			31	

 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	11434.87	2156449.59
(b) Total Contribution Refunds (from Line 20(d)) ..	7125.00	12625.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	4309.87	2143824.59
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	44446.85	2111768.28
(b) Total Offsets to Operating Expenditures (from Line 14)...	105.72	2771.70
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	44341.13	2108996.58
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	13301.34	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	33000.00	

**For further information contact:**

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

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

15020085196

**FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION**

Form/Schedule: F3N

Transaction ID :

No resolution of disputed debt results in an impermissible in-kind contribution from the vendor to the committee.

Form/Schedule:

Transaction ID:

15020085197

# POST-ELECTION DETAILED SUMMARY PAGE

## Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 4 / 29

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**Annette Bosworth MD for U.S. Senate**

Report Covering the Period: From: 10 01 2014 To: 12 31 2014

### I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <span style="border: 1px solid black; padding: 2px;">11 04 2014</span> (date of general election)	COLUMN C Total for <span style="border: 1px solid black; padding: 2px;">11 05 2014</span> (date after general election)  through <span style="border: 1px solid black; padding: 2px;">12 31 2014</span> (last day of reporting period)
<b>11. CONTRIBUTIONS</b>		
(other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
4010.00	690598.89	1500.00
(ii) Unitemized		
7424.87	1447423.78	5521.00
(iii) Total of contributions from individuals		
11434.87	2138022.67	7021.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	6000.00	0.00

15020085198

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 29

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>(d) The Candidate</b>		
0.00	12426.92	0.00
<b>(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))</b>		
11434.87	2156449.59	7021.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>13. LOANS:</b>		
<b>(a) Made or Guaranteed by the Candidate</b>		
0.00	0.00	0.00
<b>(b) All Other Loans</b>		
0.00	0.00	0.00
<b>(c) TOTAL LOANS (add Lines 13(a) and (b))</b>		
0.00	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)</b>		
105.72	2771.70	34.72
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>		
0.00	0.00	0.00
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>		
11540.59	2159221.29	7055.72

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**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

**Annette Bosworth MD for U.S. Senate**

Report Covering the Period: From: **10 01 2014** To: **12 31 2014**

**II. DISBURSEMENTS**

	<b>COLUMN A Total this Period</b>	<b>COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)</b>		<b>COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)</b>
<b>17. OPERATING EXPENDITURES</b>				
	44446.85	2111768.28		26482.39
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>				
	0.00	0.00		0.00
<b>19. LOAN REPAYMENTS:</b>				
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00		0.00
(b) Of All Other Loans	0.00	0.00		0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	0.00	0.00		0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>				
(a) Individuals/Persons Other Than Political Committees	7125.00	12625.00		2000.00
(b) Political Party Committees	0.00	0.00		0.00

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# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 7 / 29

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(c) Other Political Committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
7125.00	12625.00	2000.00
21. OTHER DISBURSEMENTS		
0.00	100.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
51571.85	2124493.28	28482.39

### III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

4309.87	2143824.59	5021.00
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### IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

44341.13	2108996.58	26447.67
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### V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	53332.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)...	11540.59
25. SUBTOTAL (add Line 23 and Line 24)...	64873.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	51571.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	13301.34

15020085201

**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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>John G. Barnhart</b>		Date of Receipt M M D D Y Y 11 07 2014
Mailing Address 401 E. Beech Street		Transaction ID : C-5270-0A1501
City Alliance	State OH	Zip Code 44601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00 debt retirement
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Walter Brunson</b>		Date of Receipt M M D D Y Y 10 08 2014
Mailing Address 108 Britton Drive		Transaction ID : C-5789-05YM01
City Kevil	State KY	Zip Code 42053
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00 debt retirement
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 335.00	

Full Name (Last, First, Middle Initial) <b>James Cole</b>		Date of Receipt M M D D Y Y 10 16 2014
Mailing Address 3500 N. Madison Street		Transaction ID : C-8870-05i001
City Corinth	State MS	Zip Code 38834
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00 debt retirement
Name of Employer self-employed	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020085202

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 OF 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

A. Full Name (Last, First, Middle Initial) <b>Bernard N. Daley</b>		Date of Receipt 10 08 2014
Mailing Address 680 Lake Dornoch Drive		Transaction ID : C-10927-05n901
City Pinehurst	State NC	Zip Code 28374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 debt retirement
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) <b>E. Mardell Endresen</b>		Date of Receipt 10 07 2014
Mailing Address 57 Tennis Club Drive		Transaction ID : C-12179-094V01
City Rancho Mirage	State CA	Zip Code 92270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 debt retirement
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

C. Full Name (Last, First, Middle Initial) <b>Roy J. Gilbert</b>		Date of Receipt 10 02 2014
Mailing Address 4600 Goldfield		Transaction ID : C-15754-04Ed01
City San Antonio	State TX	Zip Code 78218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 debt retirement
Name of Employer Southwestern Motor Transport	Occupation chairman	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020085203

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Steven Hackenberg</b> Mailing Address P. O. Box 144		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
City Kreamer	State PA	Zip Code 17833
FEC ID number of contributing federal political committee.		<b>Transaction ID : C-19171-06Cr01</b>
Name of Employer Occupation		Amount of Each Receipt this Period 50.00 debt retirement
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Donald S. Hendricks</b> Mailing Address P. O. Box 636		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
City Dolores	State CO	Zip Code 81323
FEC ID number of contributing federal political committee.		<b>Transaction ID : C-19455-06Jh01</b>
Name of Employer n/a Occupation retired		Amount of Each Receipt this Period 100.00 debt retirement
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 795.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jerome Johnson</b> Mailing Address 14216 Whispering Sands Drive		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2014
City Victorville	State CA	Zip Code 92392
FEC ID number of contributing federal political committee.		<b>Transaction ID : C-21069-06UY01</b>
Name of Employer Adelanto School District Occupation teacher		Amount of Each Receipt this Period 100.00 debt retirement
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

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

15020085204

**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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>Ronald Kelly</b>		Date of Receipt M M D D Y Y Y Y 10 07 2014
Mailing Address 2 Beacon Road		Transaction ID : C-23004-06YV02
City Hopatcong	State NJ	Zip Code 07843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00 debt retirement
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 480.00	

Full Name (Last, First, Middle Initial) <b>George Kimbell</b>		Date of Receipt M M D D Y Y Y Y 10 07 2014
Mailing Address 2404 Farington Road		Transaction ID : C-23080-00ms01
City Wichita Falls	State TX	Zip Code 76308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 debt retirement
Name of Employer self-employed	Occupation oil & gas exec.	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>M. Jean Morrow</b>		Date of Receipt M M D D Y Y Y Y 10 16 2014
Mailing Address 1327 44th Avenue, S.W.		Transaction ID : C-29678-070G01
City Seattle	State WA	Zip Code 98116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00 debt retirement
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020085205

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 OF 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

A. Full Name (Last, First, Middle Initial) <b>Ruth M. Olson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 3350 Maplewood Court, S.		Transaction ID : C-31409-077D01
City Fargo	State ND	Zip Code 58104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00 debt retirement
Name of Employer n/a	Occupation homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) <b>Robert Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 4804 N.W. Bethany Blvd., #12		Transaction ID : C-35830-07LL01
City Portland	State OR	Zip Code 97229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00 debt retirement
Name of Employer Sun County Training Stable	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 255.00	

C. Full Name (Last, First, Middle Initial) <b>Plemon Robinson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 420 E. Gaywood Street		Transaction ID : C-35846-07Li01
City Columbus	State MS	Zip Code 39702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00 debt retirement
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020085206

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>John Ryan</b>		Date of Receipt MM / DD / YYYY 11 / 07 / 2014
Mailing Address 200 Ocean Lane Drive, #1002		Transaction ID : C-36018-07Ow01
City Key Biscayne	State FL	Zip Code 33149
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 debt retirement
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>John Ryan</b>		Date of Receipt MM / DD / YYYY 10 / 07 / 2014
Mailing Address 200 Ocean Lane Drive, #1002		Transaction ID : C-36020-07Ow02
City Key Biscayne	State FL	Zip Code 33149
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 debt retirement
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4250.00	

Full Name (Last, First, Middle Initial) <b>Gene Shisler</b>		Date of Receipt MM / DD / YYYY 10 / 08 / 2014
Mailing Address 8948 Geyers Chapel Road		Transaction ID : C-40537-07Wn01
City Creston	State OH	Zip Code 44217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00 debt retirement
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2030.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020085207

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 OF 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Pamela Tuli</b> Mailing Address 12157 E. Whispering Wind Drive		Date of Receipt 10 / 07 / 2014 Transaction ID : C-42616-05A501
City State Zip Code Scottsdale AZ 85255	Amount of Each Receipt this Period 100.00 debt retirement	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Natural Science, Inc. director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Ray Waggoner</b> Mailing Address 5708 Main Street		Date of Receipt 10 / 08 / 2014 Transaction ID : C-45879-07r801
City State Zip Code Watauga TX 76148	Amount of Each Receipt this Period 50.00 debt retirement	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation n/a retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 725.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Hazel M. Walter</b> Mailing Address 99 Walters Road		Date of Receipt 10 / 16 / 2014 Transaction ID : C-45932-07sh02
City State Zip Code Clairton PA 15025	Amount of Each Receipt this Period 100.00 debt retirement	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation n/a retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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

15020085208

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>Vincent P. Zema</b>		Date of Receipt MM / DD / YYYY <b>10 / 02 / 2014</b>
Mailing Address <b>675 Portion Road, #105</b>		Transaction ID : <b>C-46875-04ur01</b>
City <b>Ronkonkoma</b>	State <b>NY</b>	Zip Code <b>11779</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>30.00</b> debt retirement
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>230.00</b>	

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>30.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>4010.00</b>

15020085209

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>Berkley Assigned Risk Services</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address P. O. Box 1450		Transaction ID : C-5416-002y01	
City Minneapolis	State MN	Zip Code 55485	Amount of Each Receipt this Period 71.00 insurance refund
FEC ID number of contributing federal political committee.		C	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 71.00	

Full Name (Last, First, Middle Initial) <b>Vision Video Interactive, LLC</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2014	
Mailing Address 4426 S. Technology Drive		Transaction ID : C-43492-01cP03	
City Sioux Falls	State SD	Zip Code 57106	Amount of Each Receipt this Period 34.72 media placement refund
FEC ID number of contributing federal political committee.		C	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 34.72	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.72
<b>TOTAL</b> This Period (last page this line number only).....	105.72

15020085210

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. The Bank of Tampa</b>		Date of Disbursement M M / D D Y Y Y Y 10 / 15 / 2014
Mailing Address P. O. Box 1		Amount of Each Disbursement this Period 15.00 Transaction ID : D99-002F0i
City Tampa	State FL	
Zip Code 33601	Purpose of Disbursement service charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. The Bank of Tampa</b>		Date of Disbursement M M / D D Y Y Y Y 10 / 15 / 2014
Mailing Address P. O. Box 1		Amount of Each Disbursement this Period 20.00 Transaction ID : D100-002F0j
City Tampa	State FL	
Zip Code 33601	Purpose of Disbursement service charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Beck Law, Prof. LLC</b>		Date of Disbursement M M / D D Y Y Y Y 10 / 29 / 2014
Mailing Address 221 S. Phillips Avenue, #301		Amount of Each Disbursement this Period 7287.50 Transaction ID : D128-095703
City Sioux Falls	State SD	
Zip Code 57104	Purpose of Disbursement legal services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7322.50
<b>TOTAL</b> This Period (last page this line number only).....	

15020085211

**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 29	
	<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)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. Patrick Davis Consulting, LLC</b>		Date of Disbursement MM DD YY 12 11 2014
Mailing Address 5160 Hearthstone Lane		Amount of Each Disbursement this Period 17500.00 Transaction ID : D325-001L0I
City Colorado Springs	State CO	
Zip Code 80919	Purpose of Disbursement political strategy	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Fairfield and Woods, P.C.</b>		Date of Disbursement MM DD YY 10 10 2014
Mailing Address 1700 Lincoln Street, #2400		Amount of Each Disbursement this Period 3000.00 Transaction ID : D410-0A0X0I
City Denver	State CO	
Zip Code 80203	Purpose of Disbursement legal services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Fairfield and Woods, P.C.</b>		Date of Disbursement MM DD YY 12 12 2014
Mailing Address 1700 Lincoln Street, #2400		Amount of Each Disbursement this Period 2934.84 Transaction ID : D411-0A0X0I
City Denver	State CO	
Zip Code 80203	Purpose of Disbursement legal services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23434.84
<b>TOTAL</b> This Period (last page this line number only).....	

15020085212

**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 29	
	<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)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. First Virginia Community Bank</b>		Date of Disbursement M M D D Y Y 10 07 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 65.18 Transaction ID : D451-004o0W
City Fairfax State VA Zip Code 22030	Purpose of Disbursement credit card processing	
Candidate Name	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Virginia Community Bank</b>		Date of Disbursement M M D D Y Y 10 01 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 160.67 Transaction ID : D452-004o0X
City Fairfax State VA Zip Code 22030	Purpose of Disbursement service charge	
Candidate Name	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Virginia Community Bank</b>		Date of Disbursement M M D D Y Y 10 06 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 28.00 Transaction ID : D453-004o0Y
City Fairfax State VA Zip Code 22030	Purpose of Disbursement service charge	
Candidate Name	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	253.85
<b>TOTAL</b> This Period (last page this line number only).....	

15020085213

**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 29	
	<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)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. Hannibal Software, Inc.</b>		Date of Disbursement M M / D D / Y Y 10 / 14 / 2014	
Mailing Address 515 Seward Square, S.E., #3		Amount of Each Disbursement this Period 500.00	
City Washington	State DC	Zip Code 20003	Transaction ID : <b>D502-01b905</b>
Purpose of Disbursement data conversion		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Petty Cash</b>		Date of Disbursement M M / D D / Y Y 11 / 04 / 2014	
Mailing Address P. O. Box 130		Amount of Each Disbursement this Period 500.00	
City Tea	State SD	Zip Code 57064	Transaction ID : <b>D747-0A1L01</b>
Purpose of Disbursement no itemization required		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Simpkins Escrow, LLC</b>		Date of Disbursement M M / D D / Y Y 10 / 09 / 2014	
Mailing Address 29243 St. Just Drive		Amount of Each Disbursement this Period 118.19	
City Unionville	State VA	Zip Code 22567	Transaction ID : <b>D841-004n0B</b>
Purpose of Disbursement escrow services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1118.19
<b>TOTAL</b> This Period (last page this line number only).....	

15020085214

**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 29	
	<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)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. TransAxt, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 190 Monroe, N.W., #500		Amount of Each Disbursement this Period 3.06	
City Grand Rapids	State MI	Zip Code 49503	Transaction ID : D978-000N00
Purpose of Disbursement online fundraising		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address P. O. Box 105083		Amount of Each Disbursement this Period 25.39	
City Atlanta	State GA	Zip Code 30348	Transaction ID : D1000-094u02
Purpose of Disbursement payroll taxes		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Robert Van Norman Law Firm</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address P. O. Box 8148		Amount of Each Disbursement this Period 5000.00	
City Rapid City	State SD	Zip Code 57709	Transaction ID : D1022-095602
Purpose of Disbursement legal services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5028.45
<b>TOTAL</b> This Period (last page this line number only).....	

15020085215

**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 29	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. Robert Watkins &amp; Company</b>		Date of Disbursement M M D D Y Y 10 29 2014
Mailing Address 610 S. Boulevard		Amount of Each Disbursement this Period 1200.96 Transaction ID : D1088-002R0B
City Tampa State FL Zip Code 33606	Purpose of Disbursement accounting services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert Watkins &amp; Company</b>		Date of Disbursement M M D D Y Y 12 19 2014
Mailing Address 610 S. Boulevard		Amount of Each Disbursement this Period 6000.00 Transaction ID : D1089-002R0C
City Tampa State FL Zip Code 33606	Purpose of Disbursement accounting services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. eDonation</b>		Date of Disbursement M M D D Y Y 10 02 2014
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 38.36 Transaction ID : D1111-01c707
City Alexandria State VA Zip Code 22314	Purpose of Disbursement online fundraising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7239.32
<b>TOTAL</b> This Period (last page this line number only).....	

15020085216

**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 29	
	<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)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. eDonation</b>		Date of Disbursement	
Mailing Address 117 N. Saint Asaph Street		M M	Y Y Y
City Alexandria State VA Zip Code 22314		11	04 2014
Purpose of Disbursement online fundraising		Amount of Each Disbursement this Period 2.15	
Candidate Name		Transaction ID : D1112-01c708	
Office Sought:	House Senate President	Disbursement For: 2014	Category/ Type
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2.15
<b>TOTAL</b> This Period (last page this line number only).....	44399.30

15020085217

**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 29

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

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. John L. Brandt</b>		Date of Disbursement M M / D D Y Y Y Y 10 / 09 2014
Mailing Address 2129 12th Avenue, E.		Amount of Each Disbursement this Period 100.00 Transaction ID : D148-05VO01
City Hibbing	State MN	
Zip Code 55746		Category/ Type
Purpose of Disbursement contribution refund		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Eleanor Fox</b>		Date of Disbursement M M / D D Y Y Y Y 10 / 09 2014
Mailing Address 13572 Pine Villa Lane		Amount of Each Disbursement this Period 1000.00 Transaction ID : D456-063401
City Fort Myers	State FL	
Zip Code 33912		Category/ Type
Purpose of Disbursement contribution refund		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Rex Klepper</b>		Date of Disbursement M M / D D Y Y Y Y 10 / 09 2014
Mailing Address 1649 Newcastle Drive		Amount of Each Disbursement this Period 1700.00 Transaction ID : D621-06at02
City Abilene	State TX	
Zip Code 79601		Category/ Type
Purpose of Disbursement contribution refund		
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2800.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020085218

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Annette Bosworth MD for U.S. Senate

A. Clarence Laliberte		Date of Disbursement	
Mailing Address 2712 E. 5th St		MM DD YYYY 10 09 2014	
City Duluth	State MN	Zip Code 55812	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement contribution refund		Category/ Type	Transaction ID : D627-00pT02
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:			

B. Arthur C. Latno		Date of Disbursement	
Mailing Address 67 Convent Court		MM DD YYYY 10 09 2014	
City San Rafael	State CA	Zip Code 94901	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement contribution refund		Category/ Type	Transaction ID : D628-06fm01
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:			

C. Reinaldo Portella		Date of Disbursement	
Mailing Address 1553 Slade Street		MM DD YYYY 10 09 2014	
City Fall River	State MA	Zip Code 02721	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement contribution refund		Category/ Type	Transaction ID : D760-07EQ01
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).....

600.00

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

15020085219

**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 29

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

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. John Ryan</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2014</b>
Mailing Address <b>200 Ocean Lane Drive, #1002</b>		Amount of Each Disbursement this Period <b>650.00</b> Transaction ID : <b>D805-07Ow01</b>
City <b>Key Biscayne</b>	State <b>FL</b>	
Zip Code <b>33149</b>	Purpose of Disbursement contribution refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. John Ryan</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 12 / 2014</b>
Mailing Address <b>200 Ocean Lane Drive, #1002</b>		Amount of Each Disbursement this Period <b>2000.00</b> Transaction ID : <b>D806-07Ow03</b>
City <b>Key Biscayne</b>	State <b>FL</b>	
Zip Code <b>33149</b>	Purpose of Disbursement contribution refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>c. Ingeborg Schlingloff</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2014</b>
Mailing Address <b>822 Sanders Avenue</b>		Amount of Each Disbursement this Period <b>575.00</b> Transaction ID : <b>D810-07Rm01</b>
City <b>Schenectady</b>	State <b>NY</b>	
Zip Code <b>12302</b>	Purpose of Disbursement contribution refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

15020085220

**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 29			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. Joseph Sincavage</b>		Date of Disbursement M M D D Y Y Y Y 10 09 2014
Mailing Address 546 Connors Lane		Amount of Each Disbursement this Period 500.00 Transaction ID : D842-07YA01
City Stratford	State CT	
Purpose of Disbursement contribution refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
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) <b>C.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	7125.00

15020085221

**SCHEDULE D (FEC Form 3)  
DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Annette Bosworth MD for U.S. Senate**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SSC Strategies, LLC</b>	Nature of Debt (Purpose): media consulting-dispute resolved												
Mailing Address 1180 8th Avenue, W., #259													
City State Zip Code Palmetto FL 34221													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Outstanding Balance Beginning This Period</td> <td style="width: 33%;"></td> <td style="width: 33%; text-align: right;"><b>Transaction ID : 40</b></td> </tr> <tr> <td style="text-align: right;">20750.00</td> <td></td> <td></td> </tr> <tr> <td style="padding-top: 10px;">Amount Incurred This Period</td> <td style="padding-top: 10px;">Payment This Period</td> <td style="padding-top: 10px;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="text-align: right;">-20750.00</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> </table>		Outstanding Balance Beginning This Period		<b>Transaction ID : 40</b>	20750.00			Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	-20750.00	0.00	0.00
Outstanding Balance Beginning This Period		<b>Transaction ID : 40</b>											
20750.00													
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period											
-20750.00	0.00	0.00											

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Patrick Davis Consulting, LLC</b>	Nature of Debt (Purpose): political strategy-dispute resolved												
Mailing Address 5160 Hearthstone Lane													
City State Zip Code Colorado Springs CO 80919													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Outstanding Balance Beginning This Period</td> <td style="width: 33%;"></td> <td style="width: 33%; text-align: right;"><b>Transaction ID : 41</b></td> </tr> <tr> <td style="text-align: right;">25433.00</td> <td></td> <td></td> </tr> <tr> <td style="padding-top: 10px;">Amount Incurred This Period</td> <td style="padding-top: 10px;">Payment This Period</td> <td style="padding-top: 10px;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="text-align: right;">-7933.00</td> <td style="text-align: right;">17500.00</td> <td style="text-align: right;">0.00</td> </tr> </table>		Outstanding Balance Beginning This Period		<b>Transaction ID : 41</b>	25433.00			Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	-7933.00	17500.00	0.00
Outstanding Balance Beginning This Period		<b>Transaction ID : 41</b>											
25433.00													
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period											
-7933.00	17500.00	0.00											

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ethan Crisp</b>	Nature of Debt (Purpose): campaign management-dispute resolved												
Mailing Address 1115 S. Holly Drive													
City State Zip Code Sioux Falls SD 57105													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Outstanding Balance Beginning This Period</td> <td style="width: 33%;"></td> <td style="width: 33%; text-align: right;"><b>Transaction ID : 43</b></td> </tr> <tr> <td style="text-align: right;">2000.00</td> <td></td> <td></td> </tr> <tr> <td style="padding-top: 10px;">Amount Incurred This Period</td> <td style="padding-top: 10px;">Payment This Period</td> <td style="padding-top: 10px;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td style="text-align: right;">-2000.00</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> </table>		Outstanding Balance Beginning This Period		<b>Transaction ID : 43</b>	2000.00			Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	-2000.00	0.00	0.00
Outstanding Balance Beginning This Period		<b>Transaction ID : 43</b>											
2000.00													
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period											
-2000.00	0.00	0.00											

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	0.00
2) <b>TOTALS</b> This Period (last page this line number only) ...	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ...	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	0.00

15020085222

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Annette Bosworth MD for U.S. Senate**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Arends Law, P.C.</b>	Nature of Debt (Purpose): legal services-DISPUTED
Mailing Address P. O. Box 1246	
City State Zip Code Sioux Falls SD 57101	

Outstanding Balance Beginning This Period 33000.00	Transaction ID : 46
Amount Incurred This Period 0.00	Payment This Period 0.00
Outstanding Balance at Close of This Period 33000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	
Amount Incurred This Period	Payment This Period
Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	
Amount Incurred This Period	Payment This Period
Outstanding Balance at Close of This Period	

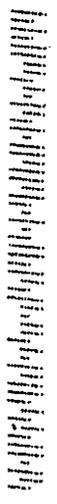
1) SUBTOTALS This Period This Page (optional)...	33000.00
2) TOTALS This Period (last page this line number only)...	33000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)...	33000.00

15020085223

15020085224

**CERTIFIED MAIL™**

BERT  
WATK  
COMPANY



Public Accountants  
1 Boulevard  
Florida 33606

7013 1090 0000 2503 8029



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# United States Senate

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Date of Receipt

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USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

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UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

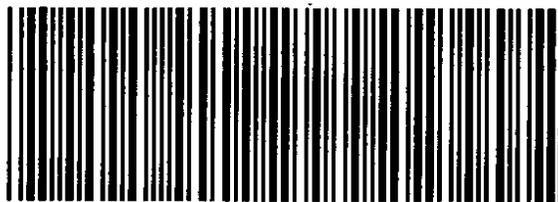
POSTMARK ILLEGIBLE  POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

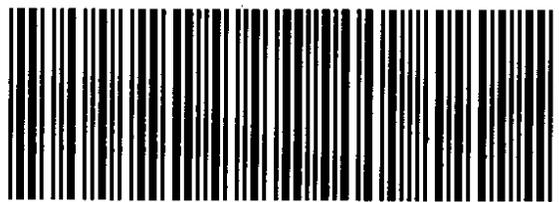
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **2-3-15**

15020085225



SEN PATCH



SEN PATCH

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