

# 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

Norm Mosher for Congress

ADDRESS (number and street) ▼

PO Box 369

Check if different than previously reported. (ACC)

Irvington

VA

22480

2. **FEC IDENTIFICATION NUMBER** ▼

C C00564617

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

VA

01

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

/  /

through

/  /

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 Samantha Carol Van Saun

Signature of Treasurer Samantha Carol Van Saun

*[Electronically Filed]*

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Norm Mosher for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	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))....	11265.00	11265.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	11265.00	11265.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5851.67	5851.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5851.67	5851.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5413.33	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	1189.27	

**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

**Norm Mosher for Congress**

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).....	8850.00	8850.00
(ii) Unitemized.....	2415.00	2415.00
(iii) TOTAL of contributions from individuals ▶	11265.00	11265.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11265.00	11265.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	11265.00	11265.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5851.67	5851.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5851.67	5851.67

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11265.00
25. SUBTOTAL (add Line 23 and Line 24).....	11265.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5851.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5413.33

**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 17
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Cardwell**

Mailing Address **PO Box 101**

City **Irvington** State **VA** Zip Code **22480-0101**

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

Name of Employer Information Requested  
**Retired**

Occupation  
**Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 22 / 2014**

**Transaction ID : VNVZGB8QMR7**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **PO Box 555**

City **Irvington** State **VA** Zip Code **22480-0555**

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

Name of Employer Information Requested  
**Retired**

Occupation  
**Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

**Transaction ID : VNVZGB8QNY6**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **99 Dixie Ct**

City **Heathsville** State **VA** Zip Code **22473-2314**

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

Name of Employer Information Requested  
**Information Requested**

Occupation  
**Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 22 / 2014**

**Transaction ID : VNVZGB8QMY3**

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 6 OF 17
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jinny Estell**

Mailing Address 99 Dixie Ct

City State Zip Code  
Heathsville VA 22473-2314

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : VNVZGB8QN16**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8 Pinecrest Ct

City State Zip Code  
Stafford VA 22554-3932

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2014

**Transaction ID : VNVZGC8JKM1**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 620 Lendall Ln

City State Zip Code  
Fredericksburg VA 22405-2331

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 15 / 2014

**Transaction ID : VNVZGC8JQ36**

Amount of Each Receipt this Period  
2000.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Janet V Mosher**

Mailing Address PO Box 725

City Irvington State VA Zip Code 22480-0725

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : VNVZGB8QP77**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 619 Denham Arch

City Chesapeake State VA Zip Code 23322-6832

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

Name of Employer Information Requested Occupation Information Requested  
Caci, Inc. Computer Network Security Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2014

**Transaction ID : VNVZGCAC9S9**

Amount of Each Receipt this Period  
300.00

\* In-Kind: Computer support

**C.** Full Name (Last, First, Middle Initial)  
**Thomas L & Elaine D Parrish**

Mailing Address 141 Sir Guy Dr

City Weems State VA Zip Code 22576-2537

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : VNVZGB8QP19**

Amount of Each Receipt this Period  
300.00

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

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

1600.00

**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 17
	<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)  
**Norm Mosher for Congress**

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

Mailing Address 1615 Bewdley Rd

City Lancaster State VA Zip Code 22503-3305

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : VNVZGB8QM31**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 725

City Irvington State VA Zip Code 22480-0725

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

Name of Employer Information Requested Occupation Information Requested  
Mosher & Associates, Inc. Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNVZGCAH859**

Amount of Each Receipt this Period  
1500.00

\* In-Kind: Finance Consulting

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

Mailing Address PO Box 916

City White Stone State VA Zip Code 22578-0916

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

Name of Employer Information Requested Occupation Information Requested  
Eileen N. Wagner PC Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : VNVZGB8QN74**

Amount of Each Receipt this Period  
500.00

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

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

2500.00



**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 17	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas & Luci York**

Mailing Address **PO Box 195**

City **Kilmarnock** State **VA** Zip Code **22482-0195**

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

Name of Employer Information Requested \_\_\_\_\_ Occupation Information Requested \_\_\_\_\_

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  
**06 / 22 / 2014**

**Transaction ID : VNVZGB8QMV1**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500.00** \_\_\_\_\_

**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).....

\_\_\_\_\_ **500.00** \_\_\_\_\_

\_\_\_\_\_ **8850.00** \_\_\_\_\_

**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 10 OF 17	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 5.78
City	State Zip Code	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : VNV089MQC69
Category/Type 006		
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>B. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 80.86
City	State Zip Code	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : VNV089MQCC7
Category/Type 006		
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. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 62.13
City	State Zip Code	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : VNV089MQCD5
Category/Type 006		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	148.77
<b>TOTAL</b> 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 11 OF 17	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address		Amount of Each Disbursement this Period 33.93
City State Zip Code		
Purpose of Disbursement Office supplies	Candidate Name	<b>Transaction ID : VNV089MQC51</b>
Category/Type 006		
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>B. Chase Card Services</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address		Amount of Each Disbursement this Period 307.82
City State Zip Code		
Purpose of Disbursement Credit card payment	Candidate Name	<b>Transaction ID : VNV089MQC36</b>
Category/Type 001		
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. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 61.16
City State Zip Code		
Purpose of Disbursement Office supplies	Candidate Name	<b>Transaction ID : VNV089MYSP7</b>
Category/Type		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	341.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 17	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 72.36
City	State Zip Code	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : VNV089MYSR3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 174.30
City	State Zip Code	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : VNV089MYST9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>C. Democratic Party of VA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address		Amount of Each Disbursement this Period 800.00
City	State Zip Code	
Purpose of Disbursement Political event	Candidate Name	Transaction ID : VNV089MQC44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 007	JJ Dinner

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 17	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Global Business Ventures</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089MQC85</b>
City Irvington State VA Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting Candidate Name Category/Type 001	
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>B. Global Business Ventures</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089MQC93</b>
City Irvington State VA Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting Candidate Name Category/Type 001	
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. Michael Mosher</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 619 Denham Arch		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : VNVZGCAC9S9I</b>
City Chesapeake State VA Zip Code 23322-6832	Purpose of Disbursement Computer support Candidate Name Category/Type	
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:	* In-Kind Received

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 17	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Norm &amp; Jan Mosher</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 695.18
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Reimbursement	<b>Transaction ID : VNV089MQCB9</b>
Candidate Name	Category/Type 006	
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)	Reimbursement
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cellular Services</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 211.05
City	State	
Zip Code	Purpose of Disbursement Cell Phone	<b>Transaction ID : VNV089MY789</b>
Candidate Name	Category/Type 001	
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)	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Samantha Van Saun</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 1500.00
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	<b>Transaction ID : VNVZGCAH859I</b>
Candidate Name	Category/Type	
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)	* In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2195.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 17	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vistaprint</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 17 / 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>210.99</b>
City	State Zip Code	
Purpose of Disbursement Hand bills/cards	Candidate Name	<b>Transaction ID : VNV089MQC28</b>
Category/Type <b>006</b>		
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>B.</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	Candidate Name	Category/Type
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>210.99</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>4996.69</b>

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

NAME OF COMMITTEE (In Full)  
**Norm Mosher for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Janet V Mosher</b>	Nature of Debt (Purpose): Computer Purchase
Mailing Address PO Box 725	
City State Zip Code Irvington VA 22480-0725	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VNS1R9H62G7</b>	
Amount Incurred This Period 1189.27	Payment This Period 0.00	Outstanding Balance at Close of This Period 1189.27

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	1189.27
2) <b>TOTALS</b> This Period (last page this line number only) .....	1189.27
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) ▶	1189.27



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VNS1R9H62G7

Jan Mosher paid for a campaign computer and is owed for it.

Form/Schedule:

Transaction ID: