

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE
14 APR 23 AM 11:30

Office Use Only

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

ADDRESS (number and street) ▼ **PO BOX 486**
Check if different than previously reported. (ACC) **CENTREVILLE VA 20122**

2. **FEC IDENTIFICATION NUMBER** ▼ **C** C00546705
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
VA 00

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

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

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

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

Type or Print Name of Treasurer Robin Hill

Signature of Treasurer Robin Hill Date 04 ' 15 ' 2014

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

Office Use Only table with 8 empty columns.

14020333229

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF SHAK HILL

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))...	28553.12	56237.96
(b) Total Contribution Refunds (from Line 20(d))...	0.00	25.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	28553.12	56212.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	43773.01	67114.61
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	380.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	43773.01	66734.13
8. Cash on Hand at Close of Reporting Period (from Line 27)...	87358.83	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...	105400.00	

For further information contact:

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

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

14020333230

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name
FRIENDS OF SHAK HILL

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	13951.00	33896.00
(ii) Unitemized.....	14602.12	22341.96
(iii) TOTAL of contributions from individuals .	28553.12	56237.96
(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))..	28553.12	56237.96
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	105100.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	105100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	380.48
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	28553.12	161718.44

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DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	43773.01	67114.61
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	25.00
(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	25.00
21. OTHER DISBURSEMENTS ...	6960.00	7220.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	50733.01	74359.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	109538.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	28553.12
25. SUBTOTAL (add Line 23 and Line 24)...	138091.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	50733.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	87358.83

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. James Barnard			Date of Receipt M M / D D / Y Y 02 25 2014		
Mailing Address PO Box 53377			Transaction ID : SA11AI.4889		
City Shreveport	State LA	Zip Code 71136	Amount of Each Receipt this Period , , 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 250.00		
Name of Employer Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Election Cycle-to-Date , , 250.00			
Full Name (Last, First, Middle Initial) B. Richard Borneman			Date of Receipt M M / D D / Y Y 01 08 2014		
Mailing Address 4891 Annamohr Drive			Transaction ID : SA11AI.5183		
City Fairfax	State VA	Zip Code 22030	Amount of Each Receipt this Period , , 500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 500.00		
Name of Employer Evoke Research and Consulting Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Vice President Election Cycle-to-Date , , 500.00			
Full Name (Last, First, Middle Initial) C. Carol Chamberlain			Date of Receipt M M / D D / Y Y Y 03 31 2014		
Mailing Address 133 Crestwood Drive			Transaction ID : SA11AI.4966		
City Boones Mill	State VA	Zip Code 24065	Amount of Each Receipt this Period , , 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 250.00		
Name of Employer Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Election Cycle-to-Date , , 250.00			
SUBTOTAL of Receipts This Page (optional).....			, , 1000.00		
TOTAL This Period (last page this line number only).....			, ,		

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 39
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial)
Timothy Clemente

Mailing Address 150 Rustic Ridge Road

City Fredericksburg	State VA	Zip Code 22405
------------------------	-------------	-------------------

Date of Receipt
M M / D D Y Y
03 10 2014

Transaction ID : SA11AI.5509

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

Amount of Each Receipt this Period
\$, \$. 250.00

Name of Employer self	Occupation consulting
--------------------------	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
\$, \$. 250.00

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

Mailing Address PO Box 51367

City Shreveport	State LA	Zip Code 71135
--------------------	-------------	-------------------

Date of Receipt
M M / D D Y Y
01 22 2014

Transaction ID : SA11AI.5218

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

Amount of Each Receipt this Period
\$, \$. 100.00

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
\$, \$. 300.00

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

Mailing Address 776 Dale Street

City North Andover	State MA	Zip Code 01845
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Date of Receipt
M M / D D Y Y Y
02 25 2014

Transaction ID : SA11AI.4893

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

Amount of Each Receipt this Period
\$, \$. 2600.00

Name of Employer Therma Flow Inc	Occupation Executive
-------------------------------------	-------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
\$, \$. 2600.00

SUBTOTAL of Receipts This Page (optional).....	\$, \$. 2950.00
TOTAL This Period (last page this line number only).....	\$, \$.

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

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 39	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Gregory Ircink		Date of Receipt M M D D / Y Y 02 19 / 2014	
Mailing Address 6609 Sunrise Bay Drive		Transaction ID : SA11AI.4883	
City Mineral	State VA	Zip Code 23117	Amount of Each Receipt this Period \$, \$.
FEC ID number of contributing federal political committee. C		250.00	
Name of Employer US Navy	Occupation Attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	250.00	

Full Name (Last, First, Middle Initial) B. Ronald Jones		Date of Receipt M M D D / Y Y 03 09 / 2014	
Mailing Address 5015 Swinton Drive		Transaction ID : SA11AI.5342	
City Fairfax	State VA	Zip Code 22032	Amount of Each Receipt this Period \$, \$.
FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Fairfax Memorial Park	Occupation Counselor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	250.00	

Full Name (Last, First, Middle Initial) C. Fay Kilpatrick		Date of Receipt M M D D / Y Y 02 15 / 2014	
Mailing Address 2048 Cardell Road		Transaction ID : SA11AI.4847	
City Crozier	State VA	Zip Code 23039	Amount of Each Receipt this Period \$, \$.
FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Self	Occupation Farmer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	1000.00	

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial)
Laurel King

Mailing Address 14370 Clearview Ave

City State Zip Code
Gainesville VA 20155

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

Name of Employer Occupation
Data Networks Corp Director of Quality

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M D D Y Y
02 06 2014

Transaction ID : SA11AI.5245

Amount of Each Receipt this Period
\$ 100.00

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

Mailing Address 14370 Clearview Ave

City State Zip Code
Gainesville VA 20155

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

Name of Employer Occupation
Data Networks Corp Director of Quality

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M D D Y Y
03 27 2014

Transaction ID : SA11AI.5178

Amount of Each Receipt this Period
\$ 100.00

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

Mailing Address 13228 Pearsall Ln

City State Zip Code
Fairfax VA 22033

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

Name of Employer Occupation
Integrity Consulting, LLC Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M D D Y Y
02 03 2014

Transaction ID : SA11AI.5239

Amount of Each Receipt this Period
\$ 250.00

SUBTOTAL of Receipts This Page (optional)..... \$ 450.00

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

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 39
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. aldo laghi			Date of Receipt M M / D D / Y Y 03 25 2014		
Mailing Address 2895 42nd ave north			Transaction ID : SA11AI.5427		
City st petersburg	State FL	Zip Code 33714	Amount of Each Receipt this Period , , 500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 500.00		
Name of Employer alps south llc		Occupation ceo	Amount of Each Receipt this Period , , 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 500.00			
Full Name (Last, First, Middle Initial) B. Richard Lorey			Date of Receipt M M / D D / Y Y 02 04 2014		
Mailing Address 11284 Shady Lane			Transaction ID : SA11AI.5499		
City King George	State VA	Zip Code 22485	Amount of Each Receipt this Period , , 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 250.00		
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period , , 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 250.00			
Full Name (Last, First, Middle Initial) C. Gordon Middleton			Date of Receipt M M / D D / Y Y 02 01 2014		
Mailing Address 15062 Brown Post Ln			Transaction ID : SA11AI.5237		
City Centreville	State VA	Zip Code 20121	Amount of Each Receipt this Period , , 1000.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 1000.00		
Name of Employer BESC		Occupation System Engineer	Amount of Each Receipt this Period , , 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 1000.00			
SUBTOTAL of Receipts This Page (optional).....			, , 1750.00		
TOTAL This Period (last page this line number only).....			, ,		

1402033237

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 OF 39						
	(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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) Gordon Middleton		Date of Receipt M M D D / Y Y Y 03 17 / 2014	
Mailing Address 15062 Brown Post Ln		Transaction ID : SA11AI.5390	
City Centreville	State VA	Zip Code 20121	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ 1000.00	
Name of Employer BESC	Occupation System Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$ 2000.00		

Full Name (Last, First, Middle Initial) Sharon Misak		Date of Receipt M M D D / Y Y Y 03 10 / 2014	
Mailing Address 9352 Stonehouse Glen		Transaction ID : SA11AI.4919	
City Toano	State VA	Zip Code 23168	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ 250.00	
Name of Employer None	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$ 250.00		

Full Name (Last, First, Middle Initial) John Phelps		Date of Receipt M M D D / Y Y Y 02 22 / 2014	
Mailing Address 5570 Tyshire Parkway		Transaction ID : SA11AI.5290	
City Providence Forge	State VA	Zip Code 23140	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ 500.00	
Name of Employer Retired	Occupation Aviation Safety		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$ 500.00		

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

14020333238

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 OF 39		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) John Phelps			Date of Receipt M M D D Y Y 03 13 2014	
Mailing Address 5570 Tyshire Parkway			Transaction ID : SA11A1.5367	
City Providence Forge	State VA	Zip Code 23140	Amount of Each Receipt this Period \$, , 201.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired	Occupation Aviation Safety			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, , 701.00		

Full Name (Last, First, Middle Initial) Robert Proost			Date of Receipt M M D D / Y Y Y 02 24 / 2014	
Mailing Address 7417 Hoofprint Lane			Transaction ID : SA11A1.5294	
City Mechanicsville	State VA	Zip Code 23111	Amount of Each Receipt this Period \$, , 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer retired	Occupation retired			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, , 2600.00		

Full Name (Last, First, Middle Initial) Deborah Ring			Date of Receipt M M D D Y Y Y 02 15 2014	
Mailing Address 8205 Little River Dam Rd			Transaction ID : SA11A1.4850	
City Radford	State VA	Zip Code 24141	Amount of Each Receipt this Period \$, , 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer retired	Occupation nurse			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, , 500.00		

SUBTOTAL of Receipts This Page (optional).....	\$, , 3051.00
TOTAL This Period (last page this line number only).....	\$, , .

14020333239

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 39	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Mike Rothdeld			Date of Receipt M M / D D Y Y 02 / 10 2014	
Mailing Address 108 Stonehouse Rd			Transaction ID : SA11AI.4839	
City Fredricksburg	State VA	Zip Code 22406	Amount of Each Receipt this Period \$, \$. 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Sabre Communications		Occupation President		
Receipt For: 2012 <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. Wanda Wise			Date of Receipt M M / D D Y Y 03 / 06 2014	
Mailing Address 262 Hebron Road			Transaction ID : SA11AI.4915	
City Staunton	State VA	Zip Code 24401	Amount of Each Receipt this Period \$, \$. 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	\$, \$. 250.00	

Full Name (Last, First, Middle Initial) C. Don Woodsmall			Date of Receipt M M / D D Y Y Y 03 / 31 2014	
Mailing Address 1340 Mosbys Reach			Transaction ID : SA11AI.5473	
City Charlottesville	State VA	Zip Code 22901	Amount of Each Receipt this Period \$, \$. 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	\$, \$. 250.00	

SUBTOTAL of Receipts This Page (optional).....	\$, \$. 1000.00
TOTAL This Period (last page this line number only).....	\$, \$.

1402033240

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

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

FOR LINE NUMBER:		PAGE 13 OF 39	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) Carolyn Yehl		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 15089 Wetherburn Dr.		Transaction ID : SA11AI.5451	
City Centreville	State VA	Zip Code 20120	Amount of Each Receipt this Period \$, \$ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired teacher		
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)		Date of Receipt M M / /	
Mailing Address			
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	\$, \$	

Full Name (Last, First, Middle Initial)		Date of Receipt M M	
Mailing Address			
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	\$, \$	

SUBTOTAL of Receipts This Page (optional).....	\$, \$ 500.00
TOTAL This Period (last page this line number only).....	\$, \$ 13951.00

1402033241

**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 39	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Edonation.com		Date of Disbursement M M / D D Y Y Y Y 01 31 2014
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period \$ 753.77 Transaction ID : SB17.5032
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Website Hosting Fee	
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. Edonation.com		Date of Disbursement M M / D D Y Y Y Y 02 28 2014
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period \$ 250.12 Transaction ID : SB17.5101
City Alexandria State VA Zip Code 22314	Purpose of Disbursement fundraising fee	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Edonation.com		Date of Disbursement M M / D D / Y Y Y Y 02 28 2014
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period \$ 174.02 Transaction ID : SB17.5102
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Actual C.C. Fees	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 1177.91
TOTAL This Period (last page this line number only).....	\$

14020333242

**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 39	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21		

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Edonation.com		Date of Disbursement M M / D D / Y Y Y Y 02 28 2014	
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period	
City Alexandria	State VA	Zip Code 22314	18.30
Purpose of Disbursement fundraising fee		Category/ Type	Transaction ID : SB17.5103
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. Edonation.com		Date of Disbursement M M / D D / Y Y Y Y 02 28 2014	
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period	
City Alexandria	State VA	Zip Code 22314	28.84
Purpose of Disbursement Actual C.C. Fees		Category/ Type	Transaction ID : SB17.5104
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Edonation.com		Date of Disbursement M M / D D / Y Y Y Y 02 28 2014	
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period	
City Alexandria	State VA	Zip Code 22314	1000.00
Purpose of Disbursement hosting Fee		Category/ Type	Transaction ID : SB17.5105
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).....	1047.14
TOTAL This Period (last page this line number only).....	

1402033243

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)
A. Edonation.com

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement fundraising fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 31 / 2014

Amount of Each Disbursement this Period
295.05

Transaction ID : SB17.5168

Category/Type

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

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Actual C.C. Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 31 / 2014

Amount of Each Disbursement this Period
245.55

Transaction ID : SB17.5169

Category/Type

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

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement fundraising fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 31 / 2014

Amount of Each Disbursement this Period
24.00

Transaction ID : SB17.5170

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 564.60

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

1402033244

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Edonation.com		Date of Disbursement M M / D D Y Y Y Y 03 31 2014	
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period \$ 33.72 Transaction ID : SB17.5171	
City Alexandria	State VA		Zip Code 22314
Purpose of Disbursement Actual C.C. Fees	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. Chris Farmer		Date of Disbursement M M / D D Y Y Y Y 01 21 2014	
Mailing Address 4605 Demby Dr		Amount of Each Disbursement this Period \$ 1050.00 Transaction ID : SB17.5011	
City Fairfax	State VA		Zip Code 22032
Purpose of Disbursement Campaign Consulting	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Chris Farmer		Date of Disbursement M M / D D Y Y Y Y 02 03 2014	
Mailing Address 4605 Demby Dr		Amount of Each Disbursement this Period \$ 1050.00 Transaction ID : SB17.5036	
City Fairfax	State VA		Zip Code 22032
Purpose of Disbursement Campaign Consulting	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$ 2133.72
TOTAL This Period (last page this line number only).....	\$

14020333245

**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 39	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Chris Farmer		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 4605 Demby Dr		Amount of Each Disbursement this Period \$ 2100.00 Transaction ID : SB17.5087
City Fairfax	State VA	
Purpose of Disbursement Campaign Consulting		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. Chris Farmer		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 4605 Demby Dr		Amount of Each Disbursement this Period \$ 2100.00 Transaction ID : SB17.5115
City Fairfax	State VA	
Purpose of Disbursement Campaign Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Chris Farmer		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 4605 Demby Dr		Amount of Each Disbursement this Period \$ 2100.00 Transaction ID : SB17.5142
City Fairfax	State VA	
Purpose of Disbursement Campaign Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	6300.00
TOTAL This Period (last page this line number only).....	\$	\$	

1402033246

**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 39			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Chris Farmer		Date of Disbursement M M / D D / Y Y Y 03 31 2014	
Mailing Address 4605 Demby Dr		Amount of Each Disbursement this Period 2100.00	
City Fairfax	State VA	Zip Code 22032	Transaction ID : SB17.5172
Purpose of Disbursement Campaign Consulting		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. FIA Card Services, N.A.		Date of Disbursement M M / D D / Y Y Y 01 15 2014	
Mailing Address 1100 N King St		Amount of Each Disbursement this Period 12152.79	
City Wilmington	State DE	Zip Code 19884	Transaction ID : SB17.5626
Purpose of Disbursement Credit Card Bill		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y 12 20 2013	
Mailing Address 475 L'Enfant Plz SW		Amount of Each Disbursement this Period 46.00	
City Washington	State DC	Zip Code 20260	Transaction ID : SB17.5626.1 [MEMO ITEM]
Purpose of Disbursement Postage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	14252.79
TOTAL This Period (last page this line number only).....	

1402033247

**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 39	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO Box 20706		Amount of Each Disbursement this Period \$ 293.00 Transaction ID : SB17.5626.3
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Airfare	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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement M M / D D / Y Y 01 / 13 / 2014
Mailing Address PO Box 20706		Amount of Each Disbursement this Period \$ 100.00 Transaction ID : SB17.5626.15
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Airfare	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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Harden Global		Date of Disbursement M M / J D / Y Y 01 / 13 / 2014
Mailing Address 325 Cameron Street		Amount of Each Disbursement this Period \$ 3710.64 Transaction ID : SB17.5626.16
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement E-mail Services	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:	[MEMO ITEM]

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

1402033248

**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 39			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. FIA Card Services, N.A.		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 1100 N King St		Amount of Each Disbursement this Period \$ 4532.46	
City Wilmington	State DE	Zip Code 19884	Transaction ID : SB17.5627
Purpose of Disbursement Credit Card Bill		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. VistaPrint		Date of Disbursement M M / D D / Y Y 01 / 21 / 2014	
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period \$ 345.23	
City Lexington	State MA	Zip Code 02421	Transaction ID : SB17.5627.5
Purpose of Disbursement Printing		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y 01 / 31 / 2014	
Mailing Address 475 L'Enfant Plz SW		Amount of Each Disbursement this Period \$ 5.60	
City Washington	State DC	Zip Code 20260	Transaction ID : SB17.5627.11
Purpose of Disbursement Postage		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$ 4532.46
TOTAL This Period (last page this line number only).....	\$

1402033249

**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 39	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Comfort Inn		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address S Main St		Amount of Each Disbursement this Period \$ 102.71 Transaction ID : SB17.5627.13
City Farmville	State VA	
Zip Code 23901	Purpose of Disbursement Lodging	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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Political Media, Inc		Date of Disbursement M M / D D / Y Y 02 / 07 / 2014
Mailing Address 406 1st Street SE		Amount of Each Disbursement this Period \$ 1000.50 Transaction ID : SB17.5627.15
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Website expense	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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. VistaPrint		Date of Disbursement M M / D D / Y Y 02 / 09 / 2014
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period \$ 35.25 Transaction ID : SB17.5627.20
City Lexington	State MA	
Zip Code 02421	Purpose of Disbursement Printing	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:	[MEMO ITEM]

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

14020333250

**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 39			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2014
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period \$ 426.67 Transaction ID : SB17.5627.21 [MEMO ITEM]
City Lexington	State MA Zip Code 02421	
Purpose of Disbursement Printing	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. VistaPrint		Date of Disbursement M M / D D / Y Y 02 / 09 / 2014
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period \$ 30.00 Transaction ID : SB17.5627.22 [MEMO ITEM]
City Lexington	State MA Zip Code 02421	
Purpose of Disbursement Printing	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Harden Global		Date of Disbursement M M / J D / Y Y Y Y 02 / 11 / 2014
Mailing Address 325 Cameron Street		Amount of Each Disbursement this Period \$ 1300.00 Transaction ID : SB17.5627.31 [MEMO ITEM]
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement E-mail Services	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

1402033251

**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 39
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period \$ 74.66 Transaction ID : SB17.5627.34 [MEMO ITEM]
City Lexington State MA Zip Code 02421	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SalesDialer		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 5356 Commercial Court Suite 4		Amount of Each Disbursement this Period \$ 327.00 Transaction ID : SB17.5627.35 [MEMO ITEM]
City Savannah State GA Zip Code 31405	Purpose of Disbursement Voter Telephone Contact	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Clarion Inn and Suites		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1809 W. Mercury Blvd		Amount of Each Disbursement this Period \$ 50.00 Transaction ID : SB17.5627.38 [MEMO ITEM]
City Hampton State VA Zip Code 23666	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

14020333252

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 39			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Clarion Inn and Suites		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 1809 W. Mercury Blvd		Amount of Each Disbursement this Period \$ 29.66 Transaction ID : SB17.5627.40
City Hampton	State VA Zip Code 23666	
Purpose of Disbursement Lodging	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. FIA Card Services, N.A.		Date of Disbursement M M / D D / Y Y 03 / 17 / 2014
Mailing Address 1100 N King St		Amount of Each Disbursement this Period \$ 4780.13 Transaction ID : SB17.5628
City Wilmington	State DE Zip Code 19884	
Purpose of Disbursement Credit Card Bill	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Clarion Inn and Suites		Date of Disbursement M M / J D / Y Y 02 / 19 / 2014
Mailing Address 1809 W. Mercury Blvd		Amount of Each Disbursement this Period \$ -50.00 Transaction ID : SB17.5628.0
City Hampton	State VA Zip Code 23666	
Purpose of Disbursement Refund	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	\$ 4780.13
TOTAL This Period (last page this line number only).....	\$

14020333253

**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 39	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21		

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Quality Inn		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 1 Choice Hotels Cir Ste 400		Amount of Each Disbursement this Period \$ 56.39 Transaction ID : SB17.5628.5 [MEMO ITEM]
City Rockville State MD Zip Code 20850	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Quality Inn		Date of Disbursement M M / D D / Y Y 02 / 28 / 2014
Mailing Address 1 Choice Hotels Cir Ste 400		Amount of Each Disbursement this Period \$ 62.43 Transaction ID : SB17.5628.9 [MEMO ITEM]
City Rockville State MD Zip Code 20850	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. VistaPrint		Date of Disbursement M M / D D / Y Y 03 / 03 / 2014
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period \$ 106.50 Transaction ID : SB17.5628.10 [MEMO ITEM]
City Lexington State MA Zip Code 02421	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

14020333254

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. VistaPrint

Date of Disbursement

M M / D D Y Y Y Y
03 03 2014

Mailing Address 95 Hayden Ave

Amount of Each Disbursement this Period

409.95

City Lexington State MA Zip Code 02421

Transaction ID : SB17.5628.11

Purpose of Disbursement
Printing

Category/
Type

[MEMO ITEM]

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. MavericLabel

Date of Disbursement

M M / D D Y Y
03 05 2014

Mailing Address 120 W. Dayton St.

Amount of Each Disbursement this Period

320.52

City Edmonds State WA Zip Code 98020

Transaction ID : SB17.5628.13

Purpose of Disbursement
Printing

Category/
Type

[MEMO ITEM]

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. SalesDialer

Date of Disbursement

M M / D D Y Y
03 06 2014

Mailing Address 5356 Commercial Court Suite 4

Amount of Each Disbursement this Period

99.00

City Savannah State GA Zip Code 31405

Transaction ID : SB17.5628.15

Purpose of Disbursement
Voter Telephone Contact

Category/
Type

[MEMO ITEM]

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

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

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

14020333255

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 39	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Quality Inn		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 1 Choice Hotels Cir Ste 400		Amount of Each Disbursement this Period 99.06 Transaction ID : SB17.5628.19 [MEMO ITEM]
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement Lodging	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. USPS		Date of Disbursement M M / D D / Y Y 03 / 10 / 2014
Mailing Address 475 L'Enfant Plz SW		Amount of Each Disbursement this Period 44.10 Transaction ID : SB17.5628.23 [MEMO ITEM]
City Washington	State DC	
Zip Code 20260	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Quality Inn		Date of Disbursement M M / D D / Y Y 03 / 11 / 2014
Mailing Address 1 Choice Hotels Cir Ste 400		Amount of Each Disbursement this Period 66.77 Transaction ID : SB17.5628.25 [MEMO ITEM]
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

1402033256

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 39	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. SalesDialer		Date of Disbursement M M / D D Y Y Y Y 03 11 2014
Mailing Address 5356 Commercial Court Suite 4		Amount of Each Disbursement this Period \$ 327.00 Transaction ID : SB17.5628.26 [MEMO ITEM]
City Savannah State GA Zip Code 31405	Category/ Type	
Purpose of Disbursement Voter Telephone Contact		
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. SalesDialer		Date of Disbursement M M / D D Y Y Y Y 03 11 2014
Mailing Address 5356 Commercial Court Suite 4		Amount of Each Disbursement this Period \$ 327.00 Transaction ID : SB17.5628.27 [MEMO ITEM]
City Savannah State GA Zip Code 31405	Category/ Type	
Purpose of Disbursement Voter Telephone Contact		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Clarion Inn and Suites		Date of Disbursement M M / J D Y Y Y Y 03 17 2014
Mailing Address 1809 W. Mercury Blvd		Amount of Each Disbursement this Period \$ 68.26 Transaction ID : SB17.5628.29 [MEMO ITEM]
City Hampton State VA Zip Code 23666	Category/ Type	
Purpose of Disbursement Lodging		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

1402033257

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 39			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21		

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NAME OF COMMITTEE (in Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. StickersBanners.com		Date of Disbursement M M / D D Y Y Y Y 03 17 2014	
Mailing Address 3741 Venture DR		Amount of Each Disbursement this Period \$ 220.00	
City Duluth	State GA	Zip Code 30096	Transaction ID : SB17.5628.30 [MEMO ITEM]
Purpose of Disbursement Printing	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. Political Media		Date of Disbursement M M / D D Y Y 03 17 2014	
Mailing Address 406 1st Street SE		Amount of Each Disbursement this Period \$ 1480.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.5628.31 [MEMO ITEM]
Purpose of Disbursement Online expense	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) c. Meg Jaworowski		Date of Disbursement M M / D D Y Y 02 28 2014	
Mailing Address 32 Burns Road		Amount of Each Disbursement this Period \$ 2376.00	
City Stafford	State VA	Zip Code 22554	Transaction ID : SB17.5107
Purpose of Disbursement Campaign Consulting	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).....	\$ 2376.00
TOTAL This Period (last page this line number only).....	\$

14020333258

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Chris Shores		Date of Disbursement M M D D Y Y Y Y 02 05 2014
Mailing Address 1007 W Osborn Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.5040
City FarmvilleVA State Zip Code 23901	Category/ Type	
Purpose of Disbursement Campaign Consulting		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. Chris Shores		Date of Disbursement M M D D Y Y Y Y 02 28 2014
Mailing Address 1007 W Osborn Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.5100
City FarmvilleVA State Zip Code 23901	Category/ Type	
Purpose of Disbursement Campaign Consulting		Candidate Name
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Steve Thomas		Date of Disbursement M M / D D / Y Y Y Y 03 06 2014
Mailing Address 1647 Bentana Way		Amount of Each Disbursement this Period 396.91 Transaction ID : SB17.5123
City Reston State VA Zip Code 20190	Category/ Type	
Purpose of Disbursement Financial Services		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).....	\$	\$	5396.91
TOTAL This Period (last page this line number only).....	\$	\$	*

14020333259

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 39	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. TV Productions		Date of Disbursement M M / D D Y Y Y Y 02 24 2014
Mailing Address 2401 Thornhill Avenue		Amount of Each Disbursement this Period \$ 500.00 Transaction ID : SB17.5091
City Shreveport	State LA Zip Code 71104	
Purpose of Disbursement video services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	500.00
TOTAL This Period (last page this line number only).....	\$	\$	43061.66

14020333260

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 33 OF 39
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input checked="" type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Republican Party of Virginia			Date of Disbursement M M / D D / Y Y Y Y 02 04 2014		
Mailing Address 115 Grace St			Amount of Each Disbursement this Period 6960.00		
City Richmond	State VA	Zip Code 02319	Transaction ID : SB21.5038		
Purpose of Disbursement Filing Fee		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.			Date of Disbursement M M		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:					

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

SUBTOTAL of Disbursements This Page (optional).....	6960.00
TOTAL This Period (last page this line number only).....	6960.00

1402033261

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF SHAK HILL** Transaction ID : **SC/10.4638**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
SHAK HILL
Mailing Address PO BOX 486
 Primary
 General
 Other (specify) ▼

City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 D 09 Y 2013	M M D Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)... 5000.00

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

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

14020333262

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF SHAK HILL** Transaction ID : **SC/10.4102**

LOAN SOURCE Full Name (Last, First, Middle Initial) **SHAK HILL** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 486

City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
37520.00	0.00	37520.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 11 / Y 2013	Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)...	37520.00
TOTALS This Period (last page in this line only)...	

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

14020333263

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF SHAK HILL** Transaction ID : **SC/10.4103**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
SHAK HILL
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 486

City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22915.00	0.00	22915.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 ^M 18 ^D 2013 ^Y	12/31/2014 ^Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)... ▶ 22915.00

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

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

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SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF SHAK HILL** Transaction ID : **SC/10.4104**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
SHAK HILL Primary
 Mailing Address PO BOX 486 General
 Other (specify) ▼

City State ZIP Code
 CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22530.00	0.00	22530.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M⁰⁹ D²⁴ / Y²⁰¹³ M Y^{12/31/2014} Y 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)...	▶	22530.00
TOTALS This Period (last page in this line only) ...	▶	

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

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SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF SHAK HILL** Transaction ID : **SC/10.4105**

LOAN SOURCE Full Name (Last, First, Middle Initial) **SHAK HILL** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 486

City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17135.00	0.00	17135.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M⁰⁹ / D³⁰ / Y²⁰¹³ Y M Y^{12/31/14} 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)...	▶	17135.00
TOTALS This Period (last page in this line only)...	▶	105100.00

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

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 39
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robin Hill	Nature of Debt (Purpose): Non-Travel Advance
Mailing Address 6501 Flowerdew Hundred Court	
City State Zip Code Centreville VA 20120	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4338	
300.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	300.00

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) ...	300.00
2) TOTALS This Period (last page this line number) ...	300.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	105100.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	105400.00

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1402033268

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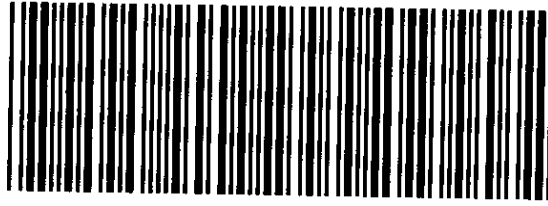
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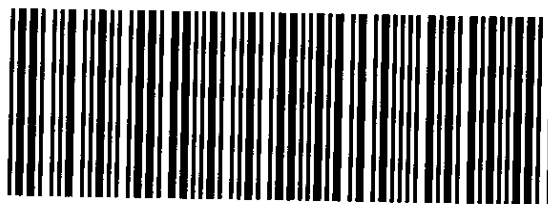
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PREPARER **MN** DATE PREPARED **4/23/14**

1402033269



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SEN PATCH

14020333270