

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 C Van Saun

Signature of Treasurer Samantha C 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 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 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))....	64295.69	75560.69
(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)).....	64295.69	75560.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	61892.10	67743.77
(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)).....	61892.10	67743.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7816.92	
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).....	0.00	

For further information contact:

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

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

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).....	37654.10	46504.10
(ii) Unitemized.....	21710.10	24125.10
(iii) TOTAL of contributions from individuals ▶	59364.20	70629.20
(b) Political Party Committees.....	4651.49	4651.49
(c) Other Political Committees (such as PACs).....	280.00	280.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	64295.69	75560.69
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. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	64295.69	75560.69

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	61892.10	67743.77
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	61892.10	67743.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5413.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	64295.69
25. SUBTOTAL (add Line 23 and Line 24).....	69709.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61892.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7816.92

**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 87
	<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)
John W Bailey

Mailing Address 1881 N Nash St
Unit 2211

City Arlington State VA Zip Code 22209-1573

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 05 / 2014

Transaction ID : VNVZGCFXXR6

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Walter & Maxine Ball

Mailing Address 1088 Richmond Hill Rd

City Warsaw State VA Zip Code 22572-3507

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : VNVZGCHKK82

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Jayne W. Barnard

Mailing Address 3 Majesties Mews

City Williamsburg State VA Zip Code 23185-8617

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

Name of Employer College of William & Mary Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2014

Transaction ID : VNVZGCGY792

Amount of Each Receipt this Period
300.00

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

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

900.00

**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 87
	<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)
John Baumhardt

Mailing Address 345 Clark Point Dr

City State Zip Code
White Stone VA 22578-2815

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 23 2014

Transaction ID : VNVZGCK3252

Amount of Each Receipt this Period
250.00

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

Mailing Address 345 Clark Point Dr

City State Zip Code
White Stone VA 22578-2815

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 09 2014

Transaction ID : VNVZGICYW6Z6

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Margaret H Bender

Mailing Address 6150 Farver Rd

City State Zip Code
McLean VA 22101-3223

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

Name of Employer Occupation
Information Requested 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 Y Y
 09 14 2014

Transaction ID : VNVZGICYWCQ6

Amount of Each Receipt this Period
250.00

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

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

600.00

**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 87
	<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)
Mary Berg

Mailing Address 4832 Clay Bank Rd

City Gloucester State VA Zip Code 23061-3511

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : VNVZGCZKST9

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Eldren C Biddle Jr

Mailing Address 1852 Ocran Rd

City White Stone State VA Zip Code 22578-2225

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
 08 / 19 / 2014

Transaction ID : VNVZGCHKJ63

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Kathryn J. Blue

Mailing Address 511 Mill Neck Rd

City Williamsburg State VA Zip Code 23185-3319

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

Name of Employer Information Requested Occupation Information Requested
 College of William and Mary Librarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : VNVZGCHHJK3

Amount of Each Receipt this Period
500.00

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

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

1050.00

**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 87
	<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

Full Name (Last, First, Middle Initial) A. John Booth		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2014	
Mailing Address 42 Flippo		Transaction ID : VNVZGCK31Z5	
City Irvington	State VA	Zip Code 22480-2431	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. John Brock		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 6370 Brookline Ct		Transaction ID : VNVZGCDJMH1	
City Cumming	State GA	Zip Code 30040-7035	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Richard Burke		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 41 Fairway Dr		Transaction ID : VNVZGCGYSK8	
City Plymouth	State MA	Zip Code 02360-1461	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation High education		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Norm Mosher for Congress

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

Mailing Address 41 Fairway Dr

City Plymouth State MA Zip Code 02360-1461

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

Name of Employer Retired Occupation High education

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2014

Transaction ID : VNVZGCHCYE8

Amount of Each Receipt this Period
35.00

B. 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 Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2014

Transaction ID : VNVZGCHKJ97

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Robert T. Casey II

Mailing Address 721 Richmond Rd

City Williamsburg State VA Zip Code 23185-3541

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2014

Transaction ID : VNVZGCXAZW3

Amount of Each Receipt this Period
500.00

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

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

1035.00

**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 10 OF 87
	<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)
Charles P. Clapper Jr.

Mailing Address 153 Indian Springs Rd

City Williamsburg State VA Zip Code 23185-3938

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

Name of Employer N/A 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
 07 / 26 / 2014

Transaction ID : VNVZGCDJKT0

Amount of Each Receipt this Period
250.00

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

Mailing Address 1400 S Joyce St
Apt 733

City Arlington State VA Zip Code 22202

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

Name of Employer National Low Income Housing Coalition Occupation CE)

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 28 / 2014

Transaction ID : VNVZGCZWAH7

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 737

City Kilmarnock State VA Zip Code 22482-0737

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

Name of Employer Curry & Curry Pottery Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2014

Transaction ID : VNVZGCHKBD7

Amount of Each Receipt this Period
300.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 87
	<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)
Joseph Curry

Mailing Address **PO Box 737**

City **Kilmarnock** State **VA** Zip Code **22482-0737**

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

Name of Employer **Curry & Curry Pottery** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
310.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 07 / 2014

Transaction ID : VNVZGCGY3B8

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Carlos Del Toro

Mailing Address **2 Brittany Ln**

City **Stafford** State **VA** Zip Code **22554-7687**

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

Name of Employer **SBG Technology Solutions** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 12 / 2014

Transaction ID : VNVZGCGYC26

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Steve O Dixon

Mailing Address **15433 Beachview Dr**

City **Dumfries** State **VA** Zip Code **22025-1024**

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

Name of Employer **G2 Software Systems** Occupation **Electronics/Systems Engineer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 11 / 2014

Transaction ID : VNVZGCH36D9

Amount of Each Receipt this Period
250.00

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

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

510.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Norm Mosher for Congress

A. Full Name (Last, First, Middle Initial)
Steve O Dixon

Mailing Address 15433 Beachview Dr

City Dumfries State VA Zip Code 22025-1024

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

Name of Employer G2 Software Systems Occupation Electronics/Systems Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 21 / 2014

Transaction ID : VNVZGCK3211

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Steve O Dixon

Mailing Address 15433 Beachview Dr

City Dumfries State VA Zip Code 22025-1024

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

Name of Employer G2 Software Systems Occupation Electronics/Systems Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 28 / 2014

Transaction ID : VNVZGD2PMG8

Amount of Each Receipt this Period
250.00

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

Mailing Address 1020 Baneberry Ln

City Fairbanks State AK Zip Code 99712-1321

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 06 / 2014

Transaction ID : VNVZGCAC8D1

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 13 OF 87
	<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)
James Dudley

Mailing Address **PO Box 488**

City **Gloucester** State **VA** Zip Code **23061-0488**

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

Name of Employer **Riverside Medical Group** Occupation **Emergency Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : VNVZGCZP208

Amount of Each Receipt this Period
250.00

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

Mailing Address **8099 Newstead Ln**

City **Gloucester** State **VA** Zip Code **23061-5331**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : VNVZGCDJPF9

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Charles & Putnam K Ebinger

Mailing Address **7306 Meadow Ln**

City **Chevy Chase** State **MD** Zip Code **20815-5010**

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
09 / 14 / 2014

Transaction ID : VNVZGCYWCK4

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 87
	<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)
Deborah Eisenberg

Mailing Address 1230 23rd St NW
Apt 814

City Washington State DC Zip Code 20037-1163

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

Name of Employer ATSG Occupation Strategic Communications Adviser

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2014

Transaction ID : VNVZGCYP2H1

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William E Fleischman

Mailing Address PO Box 34

City Wicomico Church State VA Zip Code 22579-0034

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

Name of Employer Not employed Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2014

Transaction ID : VNVZGCHKG54

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Andrew Aldo Gaeta

Mailing Address 904 Stonewall Ln

City Fredericksburg State VA Zip Code 22407-7431

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

Name of Employer U.S. Dept of Navy Occupation Scientist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 06 / 2014

Transaction ID : VNVZGCAC874

Amount of Each Receipt this Period
50.00

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

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

800.00

**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 15 OF 87
	<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)
Andrew Aldo Gaeta

Mailing Address 904 Stonewall Ln

City Fredericksburg	State VA	Zip Code 22407-7431
------------------------	-------------	------------------------

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

Name of Employer U.S. Dept of Navy	Occupation Scientist
---------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : VNVZGCDJME8

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Andrew Aldo Gaeta

Mailing Address 904 Stonewall Ln

City Fredericksburg	State VA	Zip Code 22407-7431
------------------------	-------------	------------------------

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

Name of Employer U.S. Dept of Navy	Occupation Scientist
---------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : VNVZGD4HWC9

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Andrew Aldo Gaeta

Mailing Address 904 Stonewall Ln

City Fredericksburg	State VA	Zip Code 22407-7431
------------------------	-------------	------------------------

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

Name of Employer U.S. Dept of Navy	Occupation Scientist
---------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2014

Transaction ID : VNVZGD4HW70

Amount of Each Receipt this Period
50.00

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

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

150.00

**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 16 OF 87
	<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)
Andrew Aldo Gaeta

Mailing Address 904 Stonewall Ln

City Fredericksburg State VA Zip Code 22407-7431

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

Name of Employer U.S. Dept of Navy Occupation Scientist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 28 / 2014

Transaction ID : VNVZGD4HW38

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
JOAN L GILKISON

Mailing Address 302 Rivers Edge

City Williamsburg State VA Zip Code 23185-8936

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

Name of Employer N/A 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
08 / 12 / 2014

Transaction ID : VNVZGCH2XV1

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Nihal & Chrystal Goonewardene

Mailing Address 8800 Twin Creek Ct

City Potomac State MD Zip Code 20854-4472

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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 10 / 2014

Transaction ID : VNVZGCAC8W0

Amount of Each Receipt this Period
350.00

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

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

650.00

**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 17 OF 87
	<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)
Rubyjean Landsman Gould

Mailing Address 309 Archers Mead

City Williamsburg State VA Zip Code 23185-6582

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

Name of Employer CB Richmond Ellis Occupation Project Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : VNVZGCK91X7

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Steve & Ann Harris

Mailing Address PO Box 696

City White Stone State VA Zip Code 22578-0696

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2014

Transaction ID : VNVZGCHKD40

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Steve & Ann Harris

Mailing Address PO Box 696

City White Stone State VA Zip Code 22578-0696

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2014

Transaction ID : VNVZGCIWAH5

Amount of Each Receipt this Period
700.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 87
	<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)
Clyde Austin Haulman

Mailing Address 511 Newport Ave

City	State	Zip Code
Williamsburg	VA	23185-4012

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

Name of Employer	Occupation
College of William & Mary	Economics Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2014

Transaction ID : VNVZGCHKJD9

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jane Sale Henley

Mailing Address 38 Muirfield Ct

City	State	Zip Code
Weems	VA	22576-2803

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : VNVZGCATBW7

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mary Elizabeth Hoinkes

Mailing Address 790 Horse Point Rd

City	State	Zip Code
Hartfield	VA	23071-3091

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 16 / 2014

Transaction ID : VNVZGCHKNW4

Amount of Each Receipt this Period
1000.00

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 19 OF 87
	<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)
Edward Hontz

Mailing Address 620 Lendall Ln

City Fredericksburg State VA Zip Code 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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2014

Transaction ID : VNVZGCIW746

Amount of Each Receipt this Period
500.00

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

Mailing Address 620 Lendall Ln

City Fredericksburg State VA Zip Code 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
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : VNVZGD4HVX1

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Herbert M Howe

Mailing Address 6134 Utah Ave NW

City Washington State DC Zip Code 20015-2462

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

Name of Employer Information Requested Occupation Information Requested
 Georgetown University Assistant Professor of African Studies

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : VNVZGCIYGDJ4

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 87
	<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)
John H Hummel

Mailing Address 111 Will Scarlet Ln

City Williamsburg State VA Zip Code 23185-5043

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
253.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 05 / 2014

Transaction ID : VNVZGCG1558

Amount of Each Receipt this Period
253.00

B. Full Name (Last, First, Middle Initial)
John H Hummel

Mailing Address 111 Will Scarlet Ln

City Williamsburg State VA Zip Code 23185-5043

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
353.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2014

Transaction ID : VNVZGCHKM7

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
John H Hummel

Mailing Address 111 Will Scarlet Ln

City Williamsburg State VA Zip Code 23185-5043

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
460.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : VNVZGCK9284

Amount of Each Receipt this Period
107.00

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

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

460.00

**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 21 OF 87
	<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)
Cynthia Johnson

Mailing Address 321 5th St SE

City Washington State DC Zip Code 20003-2049

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

Name of Employer March of Dimes Occupation Government relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014

Transaction ID : VNVZGCEAAE3

Amount of Each Receipt this Period
500.00

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

Mailing Address 7090 Covenant Woods Dr Apt I102

City Mechanicsville State VA Zip Code 23111-7050

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

Name of Employer Not employed 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
 08 / 04 / 2014

Transaction ID : VNVZGCG14E6

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mike & Gail Kenna

Mailing Address PO Box 216

City Wicomico Church State VA Zip Code 22579-0216

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2014

Transaction ID : VNVZGCHKCW6

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 87
	<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)
Thomas W Kimbrell

Mailing Address 418 Collingwood Dr

City State Zip Code
Fredericksburg VA 22405-2027

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
 09 / 25 / 2014

Transaction ID : VNVZGD2NHE1

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Vicki A Kinsel

Mailing Address 276 Blufffield Ln

City State Zip Code
Lancaster VA 22503-3407

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

Name of Employer Information Requested Occupation Information Requested
Self Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2014

Transaction ID : VNVZGCAC8Y5

Amount of Each Receipt this Period
1000.00

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

Mailing Address 81 King Carter Dr

City State Zip Code
Irvington VA 22480-2007

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

Name of Employer Information Requested Occupation Information Requested
Randall Kipp Architecture Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 17 / 2014

Transaction ID : VNVZGCH7VK3

Amount of Each Receipt this Period
250.00

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

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

1350.00

**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 23 OF 87
	<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)
Gregory Kirkbride

Mailing Address 9308 Cedar Ln

City: Bethesda State: MD Zip Code: 20814-3935

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: 250.00

Date of Receipt: 07 / 06 / 2014

Transaction ID : VNVZGCAC882

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Francis Kober Frank

Mailing Address 1701 Browns Store Rd

City: Heathsville State: VA Zip Code: 22473-4234

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

Name of Employer Information Requested: Retired Occupation Information Requested: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 14 / 2014

Transaction ID : VNVZGCATC98

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Francis Kober Frank

Mailing Address 1701 Browns Store Rd

City: Heathsville State: VA Zip Code: 22473-4234

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

Name of Employer Information Requested: Retired Occupation Information Requested: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 14 / 2014

Transaction ID : VNVZGCAXYG6

Amount of Each Receipt this Period: 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 87
	<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)
Francis Kober Frank

Mailing Address 1701 Browns Store Rd

City Heathsville State VA Zip Code 22473-4234

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2014

Transaction ID : VNVZGCYP7K7

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
Mary Lloyd Lay

Mailing Address PO Box 711

City Kilmarnock State VA Zip Code 22482-0711

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : VNVZGCDJKX3

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
David S. Lowman

Mailing Address 175 Pop Castle Rd

City White Stone State VA Zip Code 22578-2415

FEC ID number of contributing federal political committee.

Name of Employer Hunton & Williams LLP Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : VNVZGCHKK40

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 87
	<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)
Susan Malick

Mailing Address 302 Westview Ct NE

City State Zip Code
Vienna VA 22180-4730

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

Name of Employer Occupation
Self Volunteer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : VNVZGCZKTN2

Amount of Each Receipt this Period
250.00

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

Mailing Address 12 Bayberry Ln

City State Zip Code
Williamsburg VA 23185-3406

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

Name of Employer Occupation
Visa, Inc Sr Account Exec

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2014

Transaction ID : VNVZGCHKPF4

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 8390

City State Zip Code
Alexandria VA 22306-8390

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

Name of Employer Occupation
MITRE Corp Systems Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2014

Transaction ID : VNVZGCJBZ87

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 26 OF 87
	<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)
Alexander J McKelway

Mailing Address **PO Box 1109**
Post Office box 1109

City **White Stone** State **VA** Zip Code **22578-1109**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 10 / 2014

Transaction ID : VNVZGCAC8V2

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Donald A. Moffitt

Mailing Address **3063 Heritage Landing Rd**

City **Williamsburg** State **VA** Zip Code **23185-8114**

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

Name of Employer **n/a** Occupation **retired editor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 26 / 2014

Transaction ID : VNVZGCDJ835

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Laurie S Morissette

Mailing Address **236 Winding Creek Ln**

City **Heathsville** State **VA** Zip Code **22473-2169**

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
07 / 17 / 2014

Transaction ID : VNVZGCAXYD2

Amount of Each Receipt this Period
300.00

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

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

1050.00

**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 27 OF 87
	<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)
Laurie S Morissette

Mailing Address 236 Winding Creek Ln

City Heathsville State VA Zip Code 22473-2169

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 **310.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : VNVZGCHKN44

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Laurie S Morissette

Mailing Address 236 Winding Creek Ln

City Heathsville State VA Zip Code 22473-2169

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 **320.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 10 / 2014

Transaction ID : VNVZGICYW7A3

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Norm & Jan 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
 Retired US Navy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1025.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 10 / 2014

Transaction ID : VNVZGCAXZC7

Amount of Each Receipt this Period
25.00

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

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

45.00

**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 28 OF 87
	<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)
Robert Murray

Mailing Address 4013 Fort Worth Ave

City State Zip Code
Alexandria VA 22304-1712

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

Name of Employer Occupation
CNA Corporation ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : VNVZGCH2ER6

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Michael C Neff

Mailing Address 116 W Mason Ave

City State Zip Code
Alexandria VA 22301-1912

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

Name of Employer Occupation
Information Requested 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
 07 / 16 / 2014

Transaction ID : VNVZGCAXY90

Amount of Each Receipt this Period
250.00

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

Mailing Address 30 River Rd
Ste 12B

City State Zip Code
New York NY 10044-1114

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

Name of Employer Occupation
Global Capital Advisors, LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 25 / 2014

Transaction ID : VNVZGCJD7K1

Amount of Each Receipt this Period
500.00

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 29 OF 87
	<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)
Tom 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 Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2014

Transaction ID : VNVZGCHKJX5

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Albert & Mary Louise Pollard

Mailing Address PO Box 266

City Irvington State VA Zip Code 22480-0266

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 05 / 2014

Transaction ID : VNVZGC8JR63

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Albert & Mary Louise Pollard

Mailing Address PO Box 266

City Irvington State VA Zip Code 22480-0266

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
725.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 01 / 2014

Transaction ID : VNVZGD4P8Q4

Amount of Each Receipt this Period
625.00

* In-Kind: Staff Housing

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

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

1225.00

**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 30 OF 87
	<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)
Tove N. Power

Mailing Address PO Box 416

City Irvington State VA Zip Code 22480-0416

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2014

Transaction ID : VNVZGCGX5J1

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Tove N. Power

Mailing Address PO Box 416

City Irvington State VA Zip Code 22480-0416

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : VNVZGCZKT48

Amount of Each Receipt this Period
200.00

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

Mailing Address 105 Paloma Farm Ln

City Afton State VA Zip Code 22920-2833

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
 07 / 05 / 2014

Transaction ID : VNVZGC8JRA4

Amount of Each Receipt this Period
500.00

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

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

950.00

**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 31 OF 87
	<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)
Margie Rankin

Mailing Address **PO Box 729**

City **Heathsville** State **VA** Zip Code **22473-0729**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : VNVZGCH2XD0

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mildred H. B. Roberson

Mailing Address **875 Clark Point Dr**

City **White Stone** State **VA** Zip Code **22578-2813**

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
07 / 22 / 2014

Transaction ID : VNVZGCDJM23

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mildred H. B. Roberson

Mailing Address **875 Clark Point Dr**

City **White Stone** State **VA** Zip Code **22578-2813**

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 19 / 2014

Transaction ID : VNVZGCHKGA3

Amount of Each Receipt this Period
100.00

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

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

1100.00

**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 32 OF 87
	<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)
Margaret W Rowden

Mailing Address 1560 Clarketown Rd

City Heathsville State VA Zip Code 22473-2009

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

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2014

Transaction ID : VNVZGCGX5M6

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Donald R. Skinker

Mailing Address 1308 William St

City Fredericksburg State VA Zip Code 22401-5422

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 09 / 2014

Transaction ID : VNVZGCGX5S6

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Marilyn Skony Stamm

Mailing Address PO Box 1929

City Fort Lee State NJ Zip Code 07024-8429

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

Name of Employer Stamm International Corp. Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 03 / 2014

Transaction ID : VNVZGCGX3DT4

Amount of Each Receipt this Period
 250.00

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

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

1550.00

**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 33 OF 87
	<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)
James William Smith

Mailing Address 99 Old Mill Ln

City Heathsville State VA Zip Code 22473-4053

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
70.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2014

Transaction ID : VNVZGCH2WY2

Amount of Each Receipt this Period
70.00

B. Full Name (Last, First, Middle Initial)
James William Smith

Mailing Address 99 Old Mill Ln

City Heathsville State VA Zip Code 22473-4053

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
220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2014

Transaction ID : VNVZGCIW795

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
James William Smith

Mailing Address 99 Old Mill Ln

City Heathsville State VA Zip Code 22473-4053

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
220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2014

Transaction ID : VNVZGCIW8Q7

Amount of Each Receipt this Period
50.00

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

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

220.00

**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 34 OF 87
	<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 H Smith

Mailing Address 13038 Champlain Dr

City Manassas State VA Zip Code 20112-7812

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 28 / 2014

Transaction ID : VNVZGD2Q923

Amount of Each Receipt this Period
250.00

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

Mailing Address

City Bellrose Village State NY Zip Code 11713

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
 07 / 14 / 2014

Transaction ID : VNVZGCAXYJ1

Amount of Each Receipt this Period
1000.00

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

Mailing Address 128 Spring Br

City Williamsburg State VA Zip Code 23185-3188

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : VNVZGCK91S5

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 35 OF 87
	<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)
Florence C. Stickney

Mailing Address 376 Merrimac Trl
Apt 622

City State Zip Code
Williamsburg VA 23185-4811

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : VNVZGCXB054

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Rick and Pam Struss

Mailing Address 250 Main St

City State Zip Code
Reedville VA 22539-4403

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

Name of Employer Occupation
Information Requested 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
08 / 19 / 2014

Transaction ID : VNVZGCHKBE5

Amount of Each Receipt this Period
250.00

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

Mailing Address 285 Wood Duck Ln

City State Zip Code
Farnham VA 22460-2741

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2014

Transaction ID : VNVZGCATCE8

Amount of Each Receipt this Period
1000.00

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 36 OF 87
	<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)
Beverly J. D. Thomas

Mailing Address 705 Pine Crest Dr

City State Zip Code
Heathsville VA 22473-4306

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
 09 / 13 / 2014

Transaction ID : VNVZGCIWB53

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 1039

City State Zip Code
Mathews VA 23109-1039

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

Name of Employer Information Requested Occupation Information Requested
None None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : VNVZGCDJMF6

Amount of Each Receipt this Period
100.00

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

Mailing Address PO Box 1039

City State Zip Code
Mathews VA 23109-1039

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

Name of Employer Information Requested Occupation Information Requested
None None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : VNVZGCDR069

Amount of Each Receipt this Period
100.00

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

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

700.00

**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 37 OF 87
	<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)
ANN VANLANINGHAM

Mailing Address **PO Box 1039**

City **Mathews** State **VA** Zip Code **23109-1039**

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

Name of Employer **None** Occupation **None**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 12 / 2014

Transaction ID : VNVZGCVWB9

Amount of Each Receipt this Period
100.00

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

Mailing Address **PO Box 1039**

City **Mathews** State **VA** Zip Code **23109-1039**

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

Name of Employer **None** Occupation **None**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : VNVZGD2CVF8

Amount of Each Receipt this Period
100.00

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

Mailing Address **132 Lancaster Dr**

City **Irvington** State **VA** Zip Code **22480-9703**

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2014

Transaction ID : VNVZGCH2XA7

Amount of Each Receipt this Period
250.00

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

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

450.00

**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 38 OF 87
	<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)
H. William Warren

Mailing Address 4690 Black Stump Rd

City	State	Zip Code
Weems	VA	22576-2003

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 Y Y
 07 / 26 / 2014

Transaction ID : VNVZGCDJKS2

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert H Warren

Mailing Address 20 Mariners Cove Ln

City	State	Zip Code
Redart	VA	23076-2038

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

Name of Employer	Occupation
none	retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2014

Transaction ID : VNVZGCAXY67

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Robert H Warren

Mailing Address 20 Mariners Cove Ln

City	State	Zip Code
Redart	VA	23076-2038

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

Name of Employer	Occupation
none	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 Y Y
 09 / 03 / 2014

Transaction ID : VNVZGCXB079

Amount of Each Receipt this Period
100.00

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 39 OF 87
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Norm Mosher for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Wasem

Mailing Address 1005 Albert Rennolds Dr

City State Zip Code
Fredericksburg VA 22401-4461

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

Name of Employer Occupation
Fredericksburg Counseling Service Social Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 23 2014

Transaction ID : VNVZGCK3245

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Robert H. Wayland III

Mailing Address 22 Shoreline Dr

City State Zip Code
White Stone VA 22578-3132

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 13 2014

Transaction ID : VNVZGCAXYN5

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Robert H. Wayland III

Mailing Address 22 Shoreline Dr

City State Zip Code
White Stone VA 22578-3132

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 19 2014

Transaction ID : VNVZGCHKBR2

Amount of Each Receipt this Period
100.00

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

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

900.00

**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 40 OF 87
	<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)
Harry W. Wells Jr.

Mailing Address PO Box 9

City Irvington State VA Zip Code 22480-0009

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

Name of Employer Self-employed Occupation Farmer

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
 07 / 15 / 2014

Transaction ID : VNVZGCAXYE0

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Harry W. Wiggins

Mailing Address 3525 Waters End Trl

City Lake Ridge State VA Zip Code 22192-7114

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

Name of Employer none Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
529.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2014

Transaction ID : VNVZGD2Q5A7

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Harry W. Wiggins

Mailing Address 3525 Waters End Trl

City Lake Ridge State VA Zip Code 22192-7114

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

Name of Employer none Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
529.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2014

Transaction ID : VNVZGD51749

Amount of Each Receipt this Period
279.10

* In-Kind: Campaign Event Food

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

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

1029.10

**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 41 OF 87
	<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)
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 Retired Occupation USN 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
 08 / 19 / 2014

Transaction ID : VNVZGCHKDE9

Amount of Each Receipt this Period
500.00

B. 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 Retired Occupation USN Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2014

Transaction ID : VNVZGCIWAY8

Amount of Each Receipt this Period
100.00

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

Mailing Address 544 Glebe Road
PO Box 599

City Irvington State VA Zip Code 22480-2115

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

Name of Employer retired Occupation teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : VNVZGCDTZG8

Amount of Each Receipt this Period
500.00

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

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

1100.00

**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 42 OF 87
	<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)
Carolyn Young

Mailing Address 544 Glebe Road
PO Box 599

City Irvington State VA Zip Code 22480-2115

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

Name of Employer retired Occupation teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
08 / 19 / 2014

Transaction ID : VNVZGD521F1

Amount of Each Receipt this Period
300.00

* In-Kind: Food and Beverages for Fundraiser

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

Mailing Address PO Box 599

City Irvington State VA Zip Code 22480-0599

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
430.00

Date of Receipt
08 / 19 / 2014

Transaction ID : VNVZGCHKJS3

Amount of Each Receipt this Period
430.00

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

Mailing Address PO Box 599

City Irvington State VA Zip Code 22480-0599

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
530.00

Date of Receipt
08 / 22 / 2014

Transaction ID : VNVZGCK9250

Amount of Each Receipt this Period
100.00

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

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

830.00

37654.10

**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 43 OF 87
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Norm Mosher for Congress

A. Gloucester County Democratic Committee

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 20 / 2014

Transaction ID : VNVZGCZKZY5

Amount of Each Receipt this Period
 1000.00

B. King George County Democratic Committee

Full Name (Last, First, Middle Initial)
Mailing Address 17200 Emma Ln
City State Zip Code
King George VA 22485-4782

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : VNVZGCGX5Z3

Amount of Each Receipt this Period
 500.00

C. Mathews County Democratic Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1111
City State Zip Code
Mathews VA 23109-1111

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 19 / 2014

Transaction ID : VNVZGCAXY82

Amount of Each Receipt this Period
 1000.00

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 44 OF 87
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Norm Mosher for Congress

A. Newport News Democratic Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2638
 City State Zip Code
 Newport News VA 23609-0638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2014
Transaction ID : VNVZGCZM679
 Amount of Each Receipt this Period
 225.00

B. Northumberland County Democratic Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 277
 City State Zip Code
 Heathsville VA 22473-0277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 07 / 11 / 2014
Transaction ID : VNVZGCAC8N4
 Amount of Each Receipt this Period
 1000.00

C. Williamsburg Democratic Committee
 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: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 176.49

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2014
Transaction ID : VNVZGD517A6
 Amount of Each Receipt this Period
 176.49
 * In-Kind: Printing: Flyers for mailing

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

1401.49

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

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

FOR LINE NUMBER: PAGE 45 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Norm Mosher for Congress

A. Full Name (Last, First, Middle Initial)
Williamsburg Democratic Committee

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
676.49

Date of Receipt
 M M / D D / Y Y Y Y
09 23 2014

Transaction ID : VNVZGCZM527

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
York Poquoson Democratic Committee

Mailing Address 110 Saxon Rd

City State Zip Code
Williamsburg VA 23185-4920

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 08 2014

Transaction ID : VNVZGCY8E0

Amount of Each Receipt this Period
250.00

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

Amount of Each Receipt this Period

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

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

750.00

4651.49

**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 46 OF 87
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
Friends of John Miller

Mailing Address PO Box 6113

City Newport News State VA Zip Code 23606-0113

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014

Transaction ID : VNVZGCK91R7

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Friends of Lillie Jessie Election Committee

Mailing Address 2753 Omisol Rd

City Woodbridge State VA Zip Code 22192-3803

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2014

Transaction ID : VNVZGD2PM53

Amount of Each Receipt this Period
 30.00

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).....

280.00

280.00

**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 47 OF 87			
	<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) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2014
Mailing Address		Amount of Each Disbursement this Period 33.60
City	State Zip Code	
Purpose of Disbursement Credit card/merchant fee	012	Transaction ID : VNV089MYSJ6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 27.66
City	State Zip Code	
Purpose of Disbursement Credit card/merchant fee	012	Transaction ID : VNV089MYSK4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2014
Mailing Address		Amount of Each Disbursement this Period 69.14
City	State Zip Code	
Purpose of Disbursement Merchant Fee	001	Transaction ID : VNV089PVBD8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	130.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 87	
	<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) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 1.98 Transaction ID : VNV089PWCT0
City	State Zip Code	
Purpose of Disbursement Merchant Fees	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address		Amount of Each Disbursement this Period 2.97 Transaction ID : VNV089PWCV8
City	State Zip Code	
Purpose of Disbursement Merchant Fees	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period 3.95 Transaction ID : VNV089PWCW6
City	State Zip Code	
Purpose of Disbursement Merchant Fees	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 87			
	<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) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address		Amount of Each Disbursement this Period 9.95 Transaction ID : VNV089PWCX3
City	State Zip Code	
Purpose of Disbursement Merchant Fees	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address		Amount of Each Disbursement this Period 2.97 Transaction ID : VNV089PWCY1
City	State Zip Code	
Purpose of Disbursement Merchant Fees	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 4.95 Transaction ID : VNV089PWCZ9
City	State Zip Code	
Purpose of Disbursement Merchant Fees	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 87	
	<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) A. ActBlue		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address		Amount of Each Disbursement this Period \$ 19.75 Transaction ID : VNV089PWD07
City	State Zip Code	
Purpose of Disbursement Merchant Fees	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon.com		Date of Disbursement MM / DD / YYYY 08 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period \$ 159.53 Transaction ID : VNV089PBDE4
City	State Zip Code	
Purpose of Disbursement Office Supplies	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Efe Brock		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 1845 Crofton Pkwy		Amount of Each Disbursement this Period \$ 351.68 Transaction ID : VNV089PNJG7
City	State Zip Code	
Crofton MD 21114-2239		
Purpose of Disbursement Miles Reimbursement	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	\$ 530.96
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 87	
	<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) A. Campaign Finance Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address		Amount of Each Disbursement this Period 2500.00 Transaction ID : VNV089PWAE1
City	State Zip Code	
Purpose of Disbursement Finance Consulting	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Campaign Finance Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 3000.00 Transaction ID : VNV089N1SM5
City	State Zip Code	
Purpose of Disbursement Fund Raising Consulting	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Campaign Finance Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 3500.00 Transaction ID : VNV089PWBK2
City	State Zip Code	
Purpose of Disbursement Fund Raising Consulting	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 87			
	<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) A. Campaign Finance Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 3500.00
City	State Zip Code	
Purpose of Disbursement Fund Raising Consulting	Candidate Name	Transaction ID : VNV089PWBM0
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. Creative DeSIGNS of Virginia, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 589.68
City	State Zip Code	
Purpose of Disbursement Design: Logo and Banner	Candidate Name	Transaction ID : VNV089MTD23
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) c. Dehnert, Clarke & Co. P.C.		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address		Amount of Each Disbursement this Period 1125.00
City	State Zip Code	
Purpose of Disbursement Accounting Services	Candidate Name	Transaction ID : VNV089NJ5K8
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:		

SUBTOTAL of Disbursements This Page (optional).....	5214.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 87	
	<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) A. Democratic Party of VA		Date of Disbursement MM / DD / YYYY 08 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 6610.00
City	State Zip Code	
Purpose of Disbursement Software	Candidate Name	Transaction ID : VNV089PBE06
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. Dean Russell Dort II		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 389.42
City	State Zip Code	
Purpose of Disbursement Miles Reimbursement	Candidate Name	Transaction ID : VNV089PNJJ3
Category/Type 002		
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) C. Dean Russell Dort II		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 274.49
City	State Zip Code	
Purpose of Disbursement Reimbursement	Candidate Name	Transaction ID : VNV089Q0DC2
Category/Type 007		
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:		

SUBTOTAL of Disbursements This Page (optional).....	7273.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 87			
	<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) A. The River Market		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 208.49
City White Stone	State VA	
Purpose of Disbursement Campaign Event: Food	Category/ Type	Transaction ID : VNV089Q0DF6
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Dean Russell Dort II		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 91.24
City Irvington	State VA	
Purpose of Disbursement Reimbursement	Category/ Type 002	Transaction ID : VNV089Q0DN3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Economy Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address		Amount of Each Disbursement this Period 1055.87
City	State	
Purpose of Disbursement Bumper Stickers	Category/ Type 004	Transaction ID : VNV089NJ5N3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1147.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 87	
	<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) A. Economy Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 919.01 Transaction ID : VNV089PBEE4
City	State Zip Code	
Purpose of Disbursement Palm Cards	006 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Economy Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address		Amount of Each Disbursement this Period 134.75 Transaction ID : VNV089PBDT8
City	State Zip Code	
Purpose of Disbursement Palm Cards	006 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Economy Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 859.45 Transaction ID : VNV089PBDV6
City	State Zip Code	
Purpose of Disbursement Bumper Stickers	006 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1913.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 87	
	<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) A. Economy Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 134.75
City State Zip Code		
Purpose of Disbursement Palm cards	Candidate Name	Transaction ID : VNV089PNHF7
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. Economy Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address		Amount of Each Disbursement this Period 906.58
City State Zip Code		
Purpose of Disbursement Palm Cards	Candidate Name	Transaction ID : VNV089PBDP7
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) C. Economy Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address		Amount of Each Disbursement this Period 387.32
City State Zip Code		
Purpose of Disbursement Letterhead	Candidate Name	Transaction ID : VNV089PBDQ5
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:		

SUBTOTAL of Disbursements This Page (optional).....	1428.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 87	
	<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) A. Economy Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address		Amount of Each Disbursement this Period 1589.99
City	State Zip Code	
Purpose of Disbursement Palm Cards	Candidate Name	Transaction ID : VNV089PBCG7
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. Economy Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address		Amount of Each Disbursement this Period 1219.00
City	State Zip Code	
Purpose of Disbursement Bumper Stickers	Candidate Name	Transaction ID : VNV089PBCH4
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) c. Economy Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 6694.31
City	State Zip Code	
Purpose of Disbursement Signs	Candidate Name	Transaction ID : VNV089PBMM5
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:		

SUBTOTAL of Disbursements This Page (optional).....	9503.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 87	
	<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) A. Economy Printing, Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address		Amount of Each Disbursement this Period 2368.54 Transaction ID : VNV089PNJ84
City	State Zip Code	
Purpose of Disbursement Ssigns	006 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Efo Brock		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address		Amount of Each Disbursement this Period 282.24 Transaction ID : VNV089PBCN6
City	State Zip Code	
Purpose of Disbursement Mileage Reimbursement	002 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Global Business Ventures		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089N1SS5
City	State Zip Code	
Irvington VA 22480-0709		
Purpose of Disbursement Campaign Consulting	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3150.78
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 87	
	<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) A. Global Business Ventures		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089N1SQ9
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Global Business Ventures		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089N1SP1
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Global Business Ventures		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWAH5
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 87			
	<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) A. Global Business Ventures		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWAK1
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Global Business Ventures		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWAN7
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Global Business Ventures		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWC88
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 87			
	<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) A. Global Business Ventures			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address PO Box 709			Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWAS8
City Irvington	State VA	Zip Code 22480-0709	
Purpose of Disbursement Campaign Consulting		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Global Business Ventures			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address PO Box 709			Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWAT6
City Irvington	State VA	Zip Code 22480-0709	
Purpose of Disbursement Campaign Consulting		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Global Business Ventures			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address PO Box 709			Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWAW0
City Irvington	State VA	Zip Code 22480-0709	
Purpose of Disbursement Campaign Consulting		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 87			
	<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) A. Global Business Ventures			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO Box 709			Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWAX8
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. Global Business Ventures			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address PO Box 709			Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWBA1
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) c. Global Business Ventures			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO Box 709			Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWBB8
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:			

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 87	
	<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) A. HS Printing		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 347.49 Transaction ID : VNV089PBDG9
City	State Zip Code	
Purpose of Disbursement Printing Reimbursement	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Irvington Market		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address		Amount of Each Disbursement this Period 33.26 Transaction ID : VNV089PBE95
City	State Zip Code	
Purpose of Disbursement Fuel	002 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Irvington Market		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address		Amount of Each Disbursement this Period 41.90 Transaction ID : VNV089PBBX6
City	State Zip Code	
Purpose of Disbursement Travel Fuel	002 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	422.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 87	
	<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) A. Irvington Market		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 51.11 Transaction ID : VNV089PBD86
City	State Zip Code	
Purpose of Disbursement Fuel	002 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Irvington Market		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 27.50 Transaction ID : VNV089PBBS5
City	State Zip Code	
Purpose of Disbursement Fuel	002 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Irvington Market		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 29.77 Transaction ID : VNV089PBBA6
City	State Zip Code	
Purpose of Disbursement Travel Fuel	002 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	108.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 87	
	<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) A. Irvington Market		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address		Amount of Each Disbursement this Period 30.10 Transaction ID : VNV089PBBC2
City	State Zip Code	
Purpose of Disbursement Fuel	002 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Irvington Market		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address		Amount of Each Disbursement this Period 35.27 Transaction ID : VNV089PNHR8
City	State Zip Code	
Purpose of Disbursement Fuel	002 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Irvington Market		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address		Amount of Each Disbursement this Period 20.60 Transaction ID : VNV089PNJ68
City	State Zip Code	
Purpose of Disbursement Fuel	002 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	85.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 87	
	<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) A. Mosher & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089N1SV1
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Mosher & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089N1SR7
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Mosher & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089N1SN3
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 87	
	<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) A. Mosher & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWBT7
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mosher & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWBV5
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mosher & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWBW3
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 87			
	<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) A. Mosher & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWBX1
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mosher & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWB Y9
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mosher & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089PWBZ6
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 87			
	<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) A. Norm & Jan Mosher			Date of Disbursement MM / DD / YYYY 07 / 10 / 2014
Mailing Address PO Box 725			Amount of Each Disbursement this Period 25.00 Transaction ID : VNV089PZAT8
City Irvington	State VA	Zip Code 22480-0725	
Purpose of Disbursement Testing Online Contribution		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Norm & Jan Mosher			Date of Disbursement MM / DD / YYYY 08 / 21 / 2014
Mailing Address PO Box 725			Amount of Each Disbursement this Period 1189.27 Transaction ID : VNV089PWZB1
City Irvington	State VA	Zip Code 22480-0725	
Purpose of Disbursement Debt repayment		Category/ Type 009	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Norm & Jan Mosher			Date of Disbursement MM / DD / YYYY 08 / 21 / 2014
Mailing Address PO Box 725			Amount of Each Disbursement this Period 16.28 Transaction ID : VNV089PZAP6
City Irvington	State VA	Zip Code 22480-0725	
Purpose of Disbursement Reimbursement: Cell Phone		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1230.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 87	
	<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) A. Norm & Jan Mosher		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 30.49
City Irvington	State VA Zip Code 22480-0725	
Purpose of Disbursement Reimbursement: Cell Phone	Category/Type 001	Transaction ID : VNV089PZAR2
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP Credit Card Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 53.67
City	State Zip Code	
Purpose of Disbursement Merchant Fees	Category/Type 001	Transaction ID : VNV089PWBQ3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. NGP Credit Card Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period 393.05
City	State Zip Code	
Purpose of Disbursement Merchant Fees	Category/Type 001	Transaction ID : VNV089PWCR4
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	477.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 87			
	<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) A. NGP VAN INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address		Amount of Each Disbursement this Period 900.00 Transaction ID : VNV089PWB51
City	State Zip Code	
Purpose of Disbursement Accounting/Compliance	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 900.00 Transaction ID : VNV089PWB27
City	State Zip Code	
Purpose of Disbursement Accounting/Compliance	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 900.00 Transaction ID : VNV089PWB69
City	State Zip Code	
Purpose of Disbursement Accounting/Compliance	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 87	
	<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) A. Panera Bread		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 10.52
City	State Zip Code	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : VNV089MY925
Category/Type 002		
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. Panera Bread		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 24.09
City	State Zip Code	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : VNV089NJ531
Category/Type 002		
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) C. Panera Bread		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address		Amount of Each Disbursement this Period 18.80
City	State Zip Code	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : VNV089NJ5R7
Category/Type 002		
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:		

SUBTOTAL of Disbursements This Page (optional).....	53.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 87			
	<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) A. Panera Bread		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address		Amount of Each Disbursement this Period 18.49
City	State Zip Code	
Purpose of Disbursement Travel Meals	Candidate Name	Transaction ID : VNV089PBCR0
Category/Type 002		
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. Panera Bread		Date of Disbursement MM / DD / YYYY 09 / 06 / 2014
Mailing Address		Amount of Each Disbursement this Period 31.39
City	State Zip Code	
Purpose of Disbursement Travel Meals	Candidate Name	Transaction ID : VNV089PBCB7
Category/Type 002		
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) C. Panera Bread		Date of Disbursement MM / DD / YYYY 09 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 35.10
City	State Zip Code	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : VNV089PZC14
Category/Type 002		
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:		

SUBTOTAL of Disbursements This Page (optional).....	84.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 87			
	<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) A. Panera Bread		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address		Amount of Each Disbursement this Period 35.10
City	State Zip Code	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : VNV089PZAK3
Category/Type 002		
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. Albert & Mary Louise Pollard		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address PO Box 266		Amount of Each Disbursement this Period 625.00
City	State Zip Code	
Purpose of Disbursement Staff Housing	Candidate Name	Transaction ID : VNVZGD4P8Q4I
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:		

Full Name (Last, First, Middle Initial) c. Sandy Creek Pet Resort		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 130.00
City	State Zip Code	
Purpose of Disbursement Pet Boarding	Candidate Name	Transaction ID : VNV089N1SK7
Category/Type 007		
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:		

SUBTOTAL of Disbursements This Page (optional).....	790.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 87	
	<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) A. Sandy Creek Pet Resort		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address		Amount of Each Disbursement this Period 96.00 Transaction ID : VNV089PBBY4
City	State Zip Code	
Purpose of Disbursement Travel Pet Boarding	002 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sandy Creek Pet Resort		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 274.00 Transaction ID : VNV089PNHK8
City	State Zip Code	
Purpose of Disbursement Pet Boarding	002 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sleep Inn		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 118.64 Transaction ID : VNV089N7738
City	State Zip Code	
Purpose of Disbursement Lodging/hotel	002 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	488.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 87			
	<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) A. Sleep Inn		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 106.77
City	State Zip Code	
Purpose of Disbursement Travel	Category/Type 002	Transaction ID : VNV089NJ573
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sleep Inn		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 78.41
City	State Zip Code	
Purpose of Disbursement Accommodations	Category/Type 002	Transaction ID : VNV089PNHM6
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 104.68
City	State Zip Code	
Purpose of Disbursement Office Supplies	Category/Type 001	Transaction ID : VNV089MY932
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	289.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 87			
	<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) A. Staples		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014
Mailing Address		Amount of Each Disbursement this Period 43.34
City	State Zip Code	
Purpose of Disbursement Office Supplies	001	Transaction ID : VNV089NJ5S5
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address		Amount of Each Disbursement this Period 70.53
City	State Zip Code	
Purpose of Disbursement Office Supplies	001	Transaction ID : VNV089NJ5P1
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 08 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 246.11
City	State Zip Code	
Purpose of Disbursement Office supplies	001	Transaction ID : VNV089NJ4W6
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	359.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 87			
	<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) A. Staples		Date of Disbursement MM / DD / YYYY 08 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 5,000.00 Transaction ID : VNV089PBE47
City	State Zip Code	
Purpose of Disbursement Office Expense	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 09 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 175.75 Transaction ID : VNV089PBBR7
City	State Zip Code	
Purpose of Disbursement Office Supplies	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Suzanne Stern		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 128 Spring Br		Amount of Each Disbursement this Period 242.98 Transaction ID : VNV089Q0HB2
City	State Zip Code Williamsburg VA 23185-3188	
Purpose of Disbursement Reimbursement	007 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	576.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 87	
	<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) A. U. S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address		Amount of Each Disbursement this Period 49.00
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089N76Z7
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. U. S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address		Amount of Each Disbursement this Period 98.00
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089NJ599
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. U. S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 20.30
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089NJ4Y2
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	167.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 87	
	<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) A. U. S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address		Amount of Each Disbursement this Period 4.20
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089NJ5E8
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. U. S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address		Amount of Each Disbursement this Period 14.00
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089PWC95
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. U. S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 5.95
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089PNHG5
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	24.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 87	
	<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) A. U. S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address		Amount of Each Disbursement this Period 8.95
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089PZAN8
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. U. S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address		Amount of Each Disbursement this Period 2.10
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089PNHS6
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address		Amount of Each Disbursement this Period 14.00
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089PBEC9
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	25.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 87			
	<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) A. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address		Amount of Each Disbursement this Period 18.90
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089PBDM1
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 490.00
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089PBDF1
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address		Amount of Each Disbursement this Period 294.00
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089PBDD6
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	802.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 87			
	<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) A. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address		Amount of Each Disbursement this Period 3.43
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089PBD52
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:		

Full Name (Last, First, Middle Initial) B. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 2.10
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089PBDZ8
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:		

Full Name (Last, First, Middle Initial) C. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address		Amount of Each Disbursement this Period 8.95
City	State Zip Code	
Purpose of Disbursement Postage	001	Transaction ID : VNV089PBBE8
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:		

SUBTOTAL of Disbursements This Page (optional).....	14.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 87			
	<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) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 96.55 Transaction ID : VNV089N7720
City	State Zip Code	
Purpose of Disbursement Telephone Service	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address		Amount of Each Disbursement this Period 96.55 Transaction ID : VNV089NJ5M6
City	State Zip Code	
Purpose of Disbursement Telephone Service	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address		Amount of Each Disbursement this Period 96.52 Transaction ID : VNV089PBAN2
City	State Zip Code	
Purpose of Disbursement mobile phone service	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	294.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 87	
	<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) A. Harry W. Wiggins		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 3525 Waters End Trl		Amount of Each Disbursement this Period 279.10 Transaction ID : VNVZGD51749I
City State Zip Code Lake Ridge VA 22192-7114	Purpose of Disbursement Campaign Event Food	
Candidate Name	Category/Type	* In-Kind Received
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. Williamsburg Democratic Committee		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address		Amount of Each Disbursement this Period 176.49 Transaction ID : VNVZGD517A6I
City State Zip Code	Purpose of Disbursement Printing: Flyers for mailing	
Candidate Name Williamsburg Democratic Committee	Category/Type	* In-Kind Received
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) c. Carolyn Young		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 544 Glebe Road PO Box 599		Amount of Each Disbursement this Period 300.00 Transaction ID : VNVZGD521F1I
City State Zip Code Irvington VA 22480-2115	Purpose of Disbursement Food and Beverages for Fundraiser	
Candidate Name	Category/Type	* In-Kind Received
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:	

SUBTOTAL of Disbursements This Page (optional).....	755.59
TOTAL This Period (last page this line number only).....	59564.29

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Norm Mosher for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Norm & Jan Mosher

Mailing Address PO Box 725

City State Zip Code
Irvington VA 22480-0725

Nature of Debt (Purpose):
Computer Purchase

Outstanding Balance Beginning This Period **1189.27** Transaction ID : VNS1R9H62G7

Amount Incurred This Period **0.00** Payment This Period **1189.27** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

: 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: