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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Aut	horized Com	Off	Office Use Only			
I. NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	ample: If typing, er the lines.	type	12FE4M5		
JOHN DOUGLASS F	OR CONGRES	S					
DDD500 () ()	14249 HUME RO	AD					
DDRESS (number and street)				1 1 1	1 1 1 1 1 1		
Check if different than previously	HUME			. 1		639	
reported. (ACC)		CITY A		S	STATE A	ZIP CODE ▲	
C C00496364	NUMBER V	3. IS THIS REPORT	X NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRICT	
. TYPE OF REPORT (Choose One)	o) 12-Day PRE	-Election Report	for the			
(a) Quarterly Reports:	(1	o, iz-day FRE		ioi tile.	0	D	
April 15 Quarterl	y Report (Q1)	H	Primary (12P)		General (12G		
July 15 Quarterly	/ Report (Q2)	Ш	Convention (120	C)	Special (12S)		
Cottober 15 Qual	rterly Report (Q3)	Election on	M M /	D D /	YYYY	in the State of	
January 31 Year-	-End Report (YE)	c) 30-Day POS	T -Election Repor	t for the:			
			General (30G)		Runoff (30R)	Special (30S)	
Termination Repo	ort (TER)	Election on	M M /	D D /	Y " Y " Y	in the State of	
. Covering Period	1 M / D D /	Y Y Y Y Y 2016	through	M M 09	/ D D / Y	Y Y Y 2016	
certify that I have examined	Douglass, Susar		owledge and bei	lief it is tru	e, correct and co	omplete.	
	Oouglass, Susan, , ,		[Electronically File	ed] D	ate 10	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
IOTE: Submission of false, erro	oneous, or incomplete	information may	subject the persor	n signing th	nis Report to the p	penalties of 52 U.S.C. §3010	
Office Use Only						FEC FORM 3 (Revised 05/2016)	

SUMMARY PAGE

07

01

2016

FEC Form 3 (Revised 05/2016)

of Receipts and Disbursements

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2016

09

30

Write or Type Committee Name JOHN DOUGLASS FOR CONGRESS

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 12.00 411.20 (from Line 17) (b) Total Offsets to Operating 119.70 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 291.50 12.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 5129.65 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 31500.00 Schedule C and/or Schedule D).....

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

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Write or Type Committee Name

JOHN DOUGLASS FOR CONGRESS

07 09 01 2016 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 0.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 119.70 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 119.70 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3 (Revised 05/2016)

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 12.00 411.20 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 2000.00 7520.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 2012.00 7931.20 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 7141.65 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 7141.65 25. SUBTOTAL (add Line 23 and Line 24)..... 2012.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 5129.65 (subtract Line 26 from Line 25).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LIN	IE NUMBE	PAGE	5	OF	7	
Use separate schedule(s)	(check c						
for each category of the Detailed Summary Page		17	18		19a		19b
Detailed Suffilliary Fage		20a	201	o 🗌	20c	X	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) JOHN DOUGLASS FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement HILLARY VICTORY FUND 08 2016 05 Mailing Address PO BOX 5256 Zip Code City State **FEC Identification Number** NY **NEW YORK** 10185 Purpose of Disbursement Contribution C00586537 Candidate Name Amount of Each Disbursement this Period Category/ Type 2000.00 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB21.5288 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 2000.00 TOTAL This Period (last page this line number only)..... 2000.00

SCHEDULE C (FEC Form 3) LOANS

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

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

ſ	X	13a
ſ		13b

NAME OF COMMITTEE (In Full) JOHN DOUGLASS FOR	CONGRE	SS		Tr	ansact	ion ID : SC/10.5136		
LOAN SOURCE Full Name (Last, First, Middle Initial) DOUGLASS, JOHN WADE, , ,				☐ Memo	Item	Election: 2012 Primary General		
Mailing Address 14249 HUME ROAD						Other (specify) ▼		
City	State ZIP Code				✗ Personal Funds of the Candidate			
Original Amount of Loan	HUME VA 22639 Original Amount of Loan Cumulative Payment To				Balar	ace Outstanding at Close of This Period		
39	39000.00			35000.00		4000.00		
TERMS Date Incurred		D	ate Due		st Rate e, enter	Secured:		
M06M / D30D / Y Ž0	M06 ^M / D30 ^D / Y Ž01 ř Y			Ňoně ^Y	0.0	0 % (apr) Yes X No		
List All Endorsers or Guaranto	, ,,	o Loan Source						
1. Full Name (Last, First, Midd	le Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		, , , , , ,		
2. Full Name (Last, First, Middle	2. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		7		
3. Full Name (Last, First, Middle	3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		7		
4. Full Name (Last, First, Middle Initial)				Name of Employer				
Mailing Address			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		7		
SUBTOTALS This Period This Page (optional)————————————————————————————————————								
TOTALS This Period (last page in this line only)								
Carry outstanding balance only to	LINE 3. Sch	edule D. for this	s line. If	no Schedule D. carr	y forwa	ard to appropriate line of Summary.		
in the state of th								

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 7
FOR LINE NUMBER: (check only one)

X 13a 13b

OF

NAME OF COMMITTEE (In Full) JOHN DOUGLASS FOR CONG	RESS	Transaction ID : SC/10.5139	
LOAN SOURCE Full Name (Last, First, DOUGLASS, JOHN WADE, ,	Memo Item Election: 2012 X Primary General		
Mailing Address 14249 HUME ROAD		Other (specify) ▼	
City	State	ZIP Code ** Personal Funds of the Candidate	
HUME	VA	22639	
Original Amount of Loan 30000.00	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 2500.00 27500.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)	
M03 ^M / D30 ^D / Y Ž01Ž Y	M M / D D	/ Y Noně Y 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if an	• ·		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	e ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	e ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	L	Name of Employer	
Mailing Address		Occupation	
City	e ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	e ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option	nal)	27500.00	
TOTALS This Period (last page in this line only)			
		y y	
Carry outstanding balance only to LINE 3,	Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.	