

# 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  
Euille for Congress

ADDRESS (number and street) P.O. Box 25048  
 Check if different than previously reported. (ACC) Alexandria VA 22313

2. **FEC IDENTIFICATION NUMBER** ▼ C C00556167 CITY ▲ STATE ▲ ZIP CODE ▲  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) STATE ▼ DISTRICT  
VA 08

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
05 / 22 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Lynnwood Campbell  
Signature of Treasurer Lynnwood Campbell [Electronically Filed] Date M M / D D / Y Y Y Y  
07 / 15 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Euille for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	85710.00	400019.21
(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)).....	85710.00	400019.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	87079.87	416800.48
(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)).....	87079.87	416800.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	17034.34	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	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

**Euille 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).....	76725.00	361098.24
(ii) Unitemized .....	8985.00	35770.97
(iii) TOTAL of contributions from individuals .....	85710.00	396869.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2650.00
(d) The Candidate .....	0.00	500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	85710.00	400019.21
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).....	85710.00	400019.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	87079.87	416800.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	87079.87	416800.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18404.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	85710.00
25. SUBTOTAL (add Line 23 and Line 24).....	104114.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	87079.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	17034.34

**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 92
	<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)  
**Euille for Congress**

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

Mailing Address 20 Split Rock Rd

City Bethany State CT Zip Code 06524-3376

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

Name of Employer DDI Leasing Occupation Self Employed-Leasing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : VNJ3XCS78Z7**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Arlene H Agree**

Mailing Address 20 Eulow St

City Swampscott State MA Zip Code 01907-1532

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  
 06 / 08 / 2014

**Transaction ID : VNJ3XCSCHS8**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Pedro Alfonso**

Mailing Address 2176 Wisconsin Ave NW

City Washington State DC Zip Code 20007-2280

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

Name of Employer Dynamic Concepts, Inc. 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  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS4ZQ9**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Almas**

Mailing Address 901 N Pitt St  
Ste 300

City Alexandria State VA Zip Code 22314-1561

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

Name of Employer b3 solutions Occupation CEO and Managing Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ3XCSWR27**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Samuel Amber**

Mailing Address 7763 Desiree St

City Alexandria State VA Zip Code 22315-6041

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

Name of Employer US Government Occupation US Army

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : VNJ3XCRQQ23**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 8607 Woodland Heights Ct

City Alexandria State VA Zip Code 22309-2248

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

Name of Employer American Legion, The - Post 24 Occupation Vice Commander-Post 24

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : VNJ3XCT0HG5**

Amount of Each Receipt this Period  
 300.00

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

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

3150.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Barry**

Mailing Address 2500 Q St NW

City Washington State DC Zip Code 20007-4373

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

Name of Employer Carr Hospitality Occupation Rek Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS3469**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Rod Belcher**

Mailing Address 3744 Keller Ave

City Alexandria State VA Zip Code 22302-1814

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

Name of Employer Belcher Consultants, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCSEN39**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Bobb**

Mailing Address 1737 Taylor St NW  
Suite 500-A West, Columbia Square

City Washington State DC Zip Code 20011-5312

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

Name of Employer The Robert Bobb Group,LLC Occupation President&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  
 06 / 10 / 2014

**Transaction ID : VNJ3XCTC312**

Amount of Each Receipt this Period  
250.00

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

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

3250.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**A. Scott Bolden**

Mailing Address 5320 28th St NW

City Washington State DC Zip Code 20015-1330

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

Name of Employer Reed Smith Shaw & McClay Occupation office managing partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 08 / 2014**

**Transaction ID : VNJ3XCSYHB0**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Donella Brockington**

Mailing Address 1800 M St NW Frnt 8

City Washington State DC Zip Code 20036-5843

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

Name of Employer ACS State & Local Solutions Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 05 / 2014**

**Transaction ID : VNJ3XCSV7W7**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Bradford Brown**

Mailing Address 1400 S Joyce St Apt 1532

City Arlington State VA Zip Code 22202-1859

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

Name of Employer GEMINI GLOBAL Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 08 / 2014**

**Transaction ID : VNJ3XCSTX15**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2250.00**



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

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

FOR LINE NUMBER: PAGE 9 OF 92  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Burr**

Mailing Address 7913 New Orleans Dr

City State Zip Code  
Alexandria VA 22308-1439

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

Name of Employer Occupation  
Tech Painting Company, Inc. President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : VNJ3XCSKH21**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ronal Butler**

Mailing Address 6403 Gayfields Rd

City State Zip Code  
Alexandria VA 22315-3661

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

Name of Employer Occupation  
N.E.T. President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS3GX5**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Anthony Buzzelli**

Mailing Address Two California Plaza 350 South Gra #200

City State Zip Code  
Los Angeles CA

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  
 06 / 06 / 2014

**Transaction ID : VNJ3XCSWQ32**

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 10 OF 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Calhoun**

Mailing Address 3204 Circle Hill Rd

City Alexandria State VA Zip Code 22305-1608

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

Name of Employer Redmon, Peyton & Braswell, LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : VNJ3XCShc83**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**ALBERT A CANOSA**

Mailing Address 250 W Main St

City Branford State CT Zip Code 06405-4032

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

Name of Employer MOSAIC PRINTING, SIGNAGE & MARKETING Occupation OWNER4

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 09 / 2014**

**Transaction ID : VNJ3XCT8AQ7**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jon Clark**

Mailing Address 7227 Auburn St

City Annandale State VA Zip Code 22003-5819

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

Name of Employer Clark Mechanical LLC Occupation Plumber

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : VNJ3XCSDTR8**

Amount of Each Receipt this Period  
**500.00**

**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 11 OF 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Conner**

Mailing Address 412 Prince St

City State Zip Code  
Alexandria VA 22314-3114

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

Name of Employer Occupation  
Covington & Burling LLP Lawyer

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  
 05 / 28 / 2014

**Transaction ID : VNJ3XCRZ9Z4**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Raymond Crowell**

Mailing Address 520 John Carlyle St  
Unit 328

City State Zip Code  
Alexandria VA 22314-6815

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

Name of Employer Occupation  
Department of Commerce Civil Service

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  
 06 / 05 / 2014

**Transaction ID : VNJ3XCSW5B7**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**James Davis**

Mailing Address 12500 Parklawn Dr

City State Zip Code  
Rockville MD 20852-1702

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

Name of Employer Occupation  
James G. Davis Construction Corporatio Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : VNJ3XCRXSE1**

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 12 OF 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Delgado**

Mailing Address 500 Woodland Ct NW  
Ste 300

City Vienna State VA Zip Code 22180-4134

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

Name of Employer Bomwan Consulting Occupation 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  
 06 / 10 / 2014

**Transaction ID : VNJ3XCTBGW5**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Dugger**

Mailing Address 10 Wolfe St

City Alexandria State VA Zip Code 22314-3862

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

Name of Employer Self Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : VNJ3XCSR5Y7**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 407 Duke St

City Alexandria State VA Zip Code 22314-3735

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

Name of Employer Core Capital Partners Occupation Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCSXQY4**

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 13 OF 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William N Elam**

Mailing Address 816 Emerald Dr

City State Zip Code  
Alexandria VA 22308-2622

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : VNJ3XCTP461**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Garrett W Erdle**

Mailing Address 24 W Cedar St

City State Zip Code  
Alexandria VA 22301-2618

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 Y Y  
 06 / 04 / 2014

**Transaction ID : VNJ3XCSSXY6**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas S Fannon**

Mailing Address 1200 Duke St

City State Zip Code  
Alexandria VA 22314-3516

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : VNJ3XCT8CN7**

Amount of Each Receipt this Period  
300.00

**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 14 OF 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Austin Flajser**

Mailing Address 1455 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004-1029

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

Name of Employer Carr Hospitality, Carr City Centers Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS7AD9**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jennifer P Flajser**

Mailing Address 6625 Hillandale Rd

City Chevy Chase State MD Zip Code 20815-6424

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 Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS7AT1**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Stanley Fleishman**

Mailing Address 98 Rye Ridge Rd

City Harrison State NY Zip Code 10528-1010

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

Name of Employer Jetro/Restaurant Depot Occupation Corporate Executive

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  
 05 / 31 / 2014

**Transaction ID : VNJ3XCS8HQ0**

Amount of Each Receipt this Period  
1000.00

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

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

6000.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ben Flood**

Mailing Address 119 E Raymond Ave

City Alexandria State VA Zip Code 22301-1139

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

Name of Employer: Walter I Phillips inc Occupation: Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : VNJ3XCSSRE1**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Theresa M Fox**

Mailing Address 89 Seminole Ave

City Dumont State NJ Zip Code 07628-2115

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS87D9**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary H Futrell**

Mailing Address 5927 Norham Dr

City Alexandria State VA Zip Code 22315-4734

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : VNJ3XCTP4E4**

Amount of Each Receipt this Period  
 375.00

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

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

1375.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jatrice Gaiter**

Mailing Address 400 Madison St  
Apt 1004

City Alexandria State VA Zip Code 22314-1750

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

Name of Employer: Volunteers of America  
Occupation: Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 06 / 05 / 2014

**Transaction ID : VNJ3XCSVAJ6**

Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary T Glerum**

Mailing Address 407 Thomas St

City Alexandria State VA Zip Code 22302-3723

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: 06 / 13 / 2014

**Transaction ID : VNJ3XCTP487**

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Goldman**

Mailing Address 1101 30th St NW

City Washington State DC Zip Code 20007-3708

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

Name of Employer: silverberg goldman et al  
Occupation: attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 30 / 2014

**Transaction ID : VNJ3XCS94N5**

Amount of Each Receipt this Period: 250.00

**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 17 OF 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas Gosnell**

Mailing Address 421 S Saint Asaph St

City: Alexandria State: VA Zip Code: 22314-3747

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

Name of Employer: American Systems Corporation Occupation: Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 29 / 2014

**Transaction ID : VNJ3XCS2FN3**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1100 H St NW

City: Washington State: DC Zip Code: 20005-5476

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

Name of Employer: County Executives Occupation: Ex. Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 06 / 08 / 2014

**Transaction ID : VNJ3XCSTX08**

Amount of Each Receipt this Period: 2000.00

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

Mailing Address 1406 Roundhouse Ln

City: Alexandria State: VA Zip Code: 22314-5923

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

Name of Employer: Lieblich & Grimes Occupation: Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 29 / 2014

**Transaction ID : VNJ3XCS1P61**

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 18 OF 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Judy Guse-Noritake**

Mailing Address 605 Prince St

City State Zip Code  
Alexandria VA 22314-3117

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  
 05 / 28 / 2014

**Transaction ID : VNJ3XCRYDZ4**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Haire**

Mailing Address 2000 Jefferson Davis Hwy

City State Zip Code  
Alexandria VA 22301-1004

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

Name of Employer Occupation  
Owner Your Dogs Best Friends

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : VNJ3XCTCSH5**

Amount of Each Receipt this Period  
1300.00

**C.** Full Name (Last, First, Middle Initial)  
**Denman Hamilton**

Mailing Address 42990 Kennerly Ter

City State Zip Code  
Broadlands VA 20148-6014

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

Name of Employer Occupation  
Synergy Search Partners Sr. Partner, Executive Recruiter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 05 / 2014

**Transaction ID : VNJ3XCSV9N7**

Amount of Each Receipt this Period  
250.00

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

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

1800.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Hampton**

Mailing Address 9945 Walters Landing Rd

City Nanjemoy State MD Zip Code 20662-3687

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

Name of Employer Hampton Electric Occupation Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS2ST4**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gila Harris**

Mailing Address 5435 Richenbacher Ave

City Alexandria State VA Zip Code 22304-2041

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : VNJ3XCRYDT4**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Gila Harris**

Mailing Address 5435 Richenbacher Ave

City Alexandria State VA Zip Code 22304-2041

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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 05 / 2014

**Transaction ID : VNJ3XCSV384**

Amount of Each Receipt this Period  
**300.00**

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

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

**850.00**

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Philip Harvey**

Mailing Address 10708 Stable Ln

City State Zip Code  
Rockville MD 20854-3896

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

Name of Employer Occupation  
Law Offices of Philip HARvey Attorney

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  
05 / 29 / 2014

**Transaction ID : VNJ3XCS1KQ9**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Hewlett**

Mailing Address 7303 Quartz Ter

City State Zip Code  
Bowie MD 20720-4318

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

Name of Employer Occupation  
MNCPPC Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2014

**Transaction ID : VNJ3XCRRDQ6**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Cynthia Hoffman**

Mailing Address 211 Seneca Rd

City State Zip Code  
Great Falls VA 22066-1108

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  
2600.00

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

**Transaction ID : VNJ3XCTD7Z5**

Amount of Each Receipt this Period  
2600.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 21 OF 92  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas N Hoffman**

Mailing Address 211 Seneca Rd

City State Zip Code  
Great Falls VA 22066-1108

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

Name of Employer Occupation  
Hoffman Companies Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS2241**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Glenn Hopkins**

Mailing Address 5670 Tower Hill Cir

City State Zip Code  
Alexandria VA 22315-5590

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

Name of Employer Occupation  
Hopkins House President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : VNJ3XCRJ8Y4**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Virginia Hoptman**

Mailing Address 206 Elmar Dr SE

City State Zip Code  
Vienna VA 22180-5816

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

Name of Employer Occupation  
Womble Carlyle 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  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS1M26**

Amount of Each Receipt this Period  
250.00

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

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

3350.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott C Humphrey**

Mailing Address 1250 S Washington St  
Unit 221

City Alexandria State VA Zip Code 22314-4413

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

Name of Employer R. L. Kance, Inc. Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 08 / 2014

**Transaction ID : VNJ3XCSCG55**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Huttler**

Mailing Address 2300 N St NW

City Washington State DC Zip Code 20037-1122

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

Name of Employer Pillsbury Winthrop Shaw Pittman LLP Occupation Senior Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : VNJ3XCSCGX7**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Douglas Jemal**

Mailing Address 702 H St NW  
Ste 400

City Washington State DC Zip Code 20001-3875

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

Name of Employer Douglas Development Corp. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : VNJ3XCT7080**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Norman Jamal**

Mailing Address 702 H St NW  
Ste 400

City Washington State DC Zip Code 20001-3875

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

Name of Employer Douglas Development Corporation 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  
 06 / 09 / 2014

**Transaction ID : VNJ3XCT70B4**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Wayne B Jonas**

Mailing Address 1737 King St  
Ste 600

City Alexandria State VA Zip Code 22314-2764

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

Name of Employer Samuelli Institute Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : VNJ3XCS95S7**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Horace F. Jones**

Mailing Address 3828 Dominion Mill Dr  
Ste 400

City Alexandria State VA Zip Code 22304-6422

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

Name of Employer ARTI Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : VNJ3XCT5J33**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brian Judd**

Mailing Address 8306 Knotty Pine Ln

City State Zip Code  
Fairfax Station VA 22039-3226

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

Name of Employer Occupation  
Siemens Industry 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  
06 / 10 / 2014

**Transaction ID : VNJ3XCT9X05**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**George E Katinas**

Mailing Address 9 W Melrose St

City State Zip Code  
Chevy Chase MD 20815-4243

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  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 29 / 2014

**Transaction ID : VNJ3XCS7C51**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**Nick Katsiotis**

Mailing Address 5919 New England Woods Dr

City State Zip Code  
Burke VA 22015-2911

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

Name of Employer Occupation  
Nick Katsiotis business development executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCSX2E3**

Amount of Each Receipt this Period  
250.00

**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 25 OF 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Kerr**

Mailing Address 610 S Pitt St  
Ste 108

City Alexandria State VA Zip Code 22314-4138

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

Name of Employer Advancing Inspiration, LLC Occupation Executive Coaching

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS1VC9**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**John Kling II**

Mailing Address 700 N Fairfax St  
# 201

City Alexandria State VA Zip Code 22314-2040

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

Name of Employer John D. Kling, II, DDC, FAGD, PC Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 05 / 2014

**Transaction ID : VNJ3XCSV376**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Louis W Kluger**

Mailing Address 6407 29th St N

City Arlington State VA Zip Code 22207-1118

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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS7AZ1**

Amount of Each Receipt this Period  
400.00

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

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

1400.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vernon E Knarr**

Mailing Address 555 13th St NW  
Ste 420E

City Washington State DC Zip Code 20004-1173

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

Name of Employer Studley Occupation Executive Managing Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : VNJ3XC SGVF3**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Lake**

Mailing Address 5908 Johnson Ave

City Bethesda State MD Zip Code 20817-3433

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

Name of Employer Roadside Development Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 08 / 2014

**Transaction ID : VNJ3XC SVAB1**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Greg Leisch**

Mailing Address 1250 S Washington St  
Unit 521

City Alexandria State VA Zip Code 22314-4431

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

Name of Employer delta associates Occupation consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ3XC SF278**

Amount of Each Receipt this Period  
 500.00

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

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

3500.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eyob Mamo**

Mailing Address

City State Zip Code

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

Name of Employer: **Capitol Petroleum Group** Occupation: **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : VNJ3XCRKAM7**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Fred Martin**

Mailing Address **1001 Hardee PI**

City State Zip Code  
**Alexandria VA 22304-1719**

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

Name of Employer: **Retired** Occupation: **Economist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : VNJ3XCS3RP9**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael McCord**

Mailing Address **8300 Riverton Ln**

City State Zip Code  
**Alexandria VA 22308-1564**

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

Name of Employer: **NLC Mutual Insurance Company** Occupation: **Vice President & CFO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ3XCSY5P0**

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 28 OF 92
	<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)  
**Euille for Congress**

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

Mailing Address 107 Ridge Rd

City Greenbelt State MD Zip Code 20770-1665

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

Name of Employer Joseph Smith Sales Occupation Investment banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : VNJ3XCSTWP9**

Amount of Each Receipt this Period  
**600.00**

**B.** Full Name (Last, First, Middle Initial)  
**John F McGarvey**

Mailing Address 107 Ridge Rd

City Greenbelt State MD Zip Code 20770-1665

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

Name of Employer Joseph Smith Sales Occupation Investment banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : VNJ3XCSTWS2**

Amount of Each Receipt this Period  
**400.00**

**C.** Full Name (Last, First, Middle Initial)  
**Gregory Meeks**

Mailing Address 15301 Jamaica Ave Ste 535

City Jamaica State NY Zip Code 11432-3921

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

Name of Employer US House of Representatives Occupation Congressman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2014

**Transaction ID : VNJ3XCS8H08**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2000.00**

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charlie Mercer**

Mailing Address 5213 Burke Dr

City State Zip Code  
Alexandria VA 22309-3308

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

Name of Employer Occupation  
Hallmark Iron Works CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : VNJ3XCS4XT9**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Patrick Minix**

Mailing Address 119 N Henry St

City State Zip Code  
Alexandria VA 22314-2903

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  
 06 / 06 / 2014

**Transaction ID : VNJ3XCSWVY4**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Rick Morris**

Mailing Address 3725 N Delaware St

City State Zip Code  
Arlington VA 22207-2924

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

Name of Employer Occupation  
Smith & Harroff, Inc. PR consultant

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  
 06 / 03 / 2014

**Transaction ID : VNJ3XCSGTW3**

Amount of Each Receipt this Period  
350.00

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

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

2100.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bob Murphy**

Mailing Address 1302 Pavilion Club Way

City Reston State VA Zip Code 20194-1338

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

Name of Employer MidAtlantic Realty Partners, LLC Occupation Real Estate Operating Company

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : VNJ3XCRTSG3**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Nealon**

Mailing Address 119 N Henry St

City Alexandria State VA Zip Code 22314-2903

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

Name of Employer Nealon & Associates Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : VNJ3XCRXS59**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert J Neuman Jr**

Mailing Address 4902 26th St N

City Arlington State VA Zip Code 22207-2633

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ3XCS7BY6**

Amount of Each Receipt this Period  
 600.00

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

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

5100.00

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

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

FOR LINE NUMBER: PAGE 31 OF 92  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ron Oxley**

Mailing Address 6332 Lakeview Dr

City Falls Church      State VA      Zip Code 22041-1331

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

Name of Employer WidePoint Corporation      Occupation Exec VP

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ3XC SYNH4**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Don Peebles**

Mailing Address 11501 Old Cutler Rd

City Coral Gables      State FL      Zip Code 33156-4237

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

Name of Employer Peebles Corp      Occupation CEO and Chairman

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ3XC SC310**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Todd Pilot**

Mailing Address PO Box 320578

City Alexandria      State VA      Zip Code 22320-4578

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

Name of Employer The Trademark Institute      Occupation Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ3XC S1MJ3**

Amount of Each Receipt this Period  
 250.00

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

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

3250.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jason E. Poe**

Mailing Address 8614 Westwood Center Dr  
Ste 500

City Vienna State VA Zip Code 22182-2278

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

Name of Employer Capitol Financial Partners Occupation Registered Representative

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 29 / 2014**

**Transaction ID : VNJ3XCS1KZ2**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Laura Poe**

Mailing Address 42677 Redeemer Ter

City Ashburn State VA Zip Code 20148-8070

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

Name of Employer homemaker Occupation homemaker

Receipt For: 2014  Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : VNJ3XCRHPN5**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Roy Priest**

Mailing Address 2903 Marlow Farm Ter

City Silver Spring State MD Zip Code 20904-7113

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

Name of Employer ARHA 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  
**05 / 27 / 2014**

**Transaction ID : VNJ3XCRVJ25**

Amount of Each Receipt this Period  
**250.00**

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

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

**2250.00**



**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lee Quill**

Mailing Address 1054 31st St NW  
Ste 315

City Washington State DC Zip Code 20007-6600

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

Name of Employer Cunningham Quill Architects Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : VNJ3XCRXS7**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jonathan Rak**

Mailing Address 1750 Tysons Blvd  
Ste 1800

City McLean State VA Zip Code 22102-4231

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

Name of Employer McGuire Woods, LLP 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  
 05 / 27 / 2014

**Transaction ID : VNJ3XCRXSJ2**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Alice Rivlin**

Mailing Address 2838 Chesterfield PI NW

City Washington State DC Zip Code 20008-1015

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

Name of Employer Brookings Institution Occupation economist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : VNJ3XCT7GS8**

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 34 OF 92
	<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)  
**Euille for Congress**

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

Mailing Address 10615 Moore St  
Ste 101

City State Zip Code  
Fairfax VA 22030-3911

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

Name of Employer Occupation  
Lincoln Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCSXTV6**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1215 Cameron St

City State Zip Code  
Alexandria VA 22314-2430

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

Name of Employer Occupation  
Rust Orling Architecture Achitech

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : VNJ3XCRY9D5**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Todd A Schneider**

Mailing Address 2703 Ridge Road Dr

City State Zip Code  
Alexandria VA 22302-2834

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

Name of Employer Occupation  
Schneider Contracting Corporation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : VNJ3XCRG2D9**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence Singer**

Mailing Address 809 Cameron St

City State Zip Code  
Alexandria VA 22314-2409

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

Name of Employer Occupation  
Lawrence D Singer DMD PC Dental 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  
 06 / 06 / 2014

**Transaction ID : VNJ3XCSWMA2**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Michelle Smith**

Mailing Address 2345 Crystal Dr  
Ste 1101

City State Zip Code  
Arlington VA 22202-4801

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

Name of Employer Occupation  
ROBERT H. SMITH FAMILY FOUNDATION PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : VNJ3XCRH6F3**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**R. Paul Smith**

Mailing Address 2001 Kenilworth Ave

City State Zip Code  
Capitol Heights MD 20743-6711

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

Name of Employer Occupation  
EMR Smith Industries President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : VNJ3XCRXSC5**

Amount of Each Receipt this Period  
2500.00

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

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

3750.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marc Sobel**

Mailing Address 7805 Hamilton Spring Rd

City State Zip Code  
Bethesda MD 20817-4547

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

Name of Employer Occupation  
JM Zell Partners, Ltd. consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 29 / 2014

**Transaction ID : VNJ3XCS7CE2**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth Spellman**

Mailing Address 1201 Barksdale Dr NE

City State Zip Code  
Leesburg VA 20176-4912

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

Name of Employer Occupation  
Trowbridge Steel Co. owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 29 / 2014

**Transaction ID : VNJ3XCS1X83**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**J Gordon Stephens Jr**

Mailing Address 4700 38th PI N

City State Zip Code  
Arlington VA 22207-2915

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

Name of Employer Occupation  
Information Requested Attorney & Government Relations Course

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : VNJ3XCSXEH3**

Amount of Each Receipt this Period  
250.00

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

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

1150.00

**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 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Teitelbaum**

Mailing Address 1810 N Kentucky St

City State Zip Code  
Arlington VA 22205-2826

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

Name of Employer Occupation  
CBRE Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : VNJ3XCRXSP4**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 6611 10th St  
Unit B2

City State Zip Code  
Alexandria VA 22307-6611

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : VNJ3XCSAKN5**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Kathy Thomas**

Mailing Address 15008 Cherrydale Dr

City State Zip Code  
Woodbridge VA 22193-5330

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

Name of Employer Occupation  
U.S. Department of Transportation Business Solutions Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : VNJ3XCST3Z7**

Amount of Each Receipt this Period  
 250.00

**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 38 OF 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Vinal**

Mailing Address 8120 Woodmont Ave  
Ste 710

City State Zip Code  
Bethesda MD 20814-2755

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

Name of Employer Occupation  
Euclid technology 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  
06 / 02 / 2014

**Transaction ID : VNJ3XCSCQ53**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Rebecca Wade**

Mailing Address 616 N Washington St

City State Zip Code  
Alexandria VA 22314-1914

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

Name of Employer Occupation  
Wade, Friedman & Sutter, P.C. attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 28 / 2014

**Transaction ID : VNJ3XCRYJD4**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Wellington E Webb**

Mailing Address 2329 Gaylord St  
# 321-4092

City State Zip Code  
Denver CO 80205-5627

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

Name of Employer Occupation  
Webb Group International Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2014

**Transaction ID : VNJ3XCShC33**

Amount of Each Receipt this Period  
750.00

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

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

2000.00

**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 39 OF 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth W Wire**

Mailing Address 6112 Shady Oak Ln

City: Bethesda State: MD Zip Code: 20817-6028

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: 06 / 04 / 2014

**Transaction ID : VNJ3XCSXT4**

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Martin JA Yeager**

Mailing Address 524 King St

City: Alexandria State: VA Zip Code: 22314-3104

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

Name of Employer Information Requested: Land, Carroll & Blair Occupation Information Requested: Attorney and Counselor at Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 29 / 2014

**Transaction ID : VNJ3XCS1PB1**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Lauri Zell**

Mailing Address 3331 Dent PI NW

City: Washington State: DC Zip Code: 20007-2713

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: 3600.00

Date of Receipt: 05 / 29 / 2014

**Transaction ID : VNJ3XCS7BB6**

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 40 OF 92
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Samuel Zell**

Mailing Address 20 Eulow St

City State Zip Code  
Swampscott MA 01907-1532

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

Name of Employer Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2014

**Transaction ID : VNJ3XCSD3**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

76725.00



**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 41 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Margaret Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1400 Doewood Ln		Amount of Each Disbursement this Period 120.00 <b>Transaction ID : VNH4N9T27Y6</b>
City Capitol Heights	State MD Zip Code 20743-1018	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Margaret Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 1400 Doewood Ln		Amount of Each Disbursement this Period 90.00 <b>Transaction ID : VNH4N9T2AF2</b>
City Capitol Heights	State MD Zip Code 20743-1018	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Margaret Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1400 Doewood Ln		Amount of Each Disbursement this Period 180.00 <b>Transaction ID : VNH4N9T2C83</b>
City Capitol Heights	State MD Zip Code 20743-1018	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	390.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Margaret Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1400 Doewood Ln		Amount of Each Disbursement this Period 195.00 <b>Transaction ID : VNH4N9T2E29</b>
City Capitol Heights	State MD Zip Code 20743-1018	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hermonia Amanual</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : VNH4N9T2AG0</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hermonia Amanual</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : VNH4N9T2C91</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	495.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hermonia Amanual</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 13 / 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>60.00</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	<b>Transaction ID : VNH4N9T2E37</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Samuel Amber</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 21 / 2014</b>
Mailing Address 7763 Desiree St		Amount of Each Disbursement this Period <b>2600.00</b>
City	State Zip Code	
Purpose of Disbursement Contribution Refund	Candidate Name	<b>Transaction ID : VNH4N9T2H59</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Atref Avertisment</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>410.00</b>
City	State Zip Code	
Purpose of Disbursement Full Page Campaign Ad	Candidate Name	<b>Transaction ID : VNH4N9T2962</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3070.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. DeVon Barnett</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address <b>521 S Columbus St</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : VNH4N9T2987</b>
City <b>Alexandria</b>	State <b>VA</b>	
Zip Code <b>22314-4150</b>	Purpose of Disbursement <b>Campaign Consultant</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DeVon Barnett</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 19 / 2014</b>
Mailing Address <b>521 S Columbus St</b>		Amount of Each Disbursement this Period <b>250.00</b> <b>Transaction ID : VNH4N9T2GX6</b>
City <b>Alexandria</b>	State <b>VA</b>	
Zip Code <b>22314-4150</b>	Purpose of Disbursement <b>Campaign Consultant</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Lisa Brewer</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 12 / 2014</b>
Mailing Address <b>7278 Linden Tree Ln</b>		Amount of Each Disbursement this Period <b>35.00</b> <b>Transaction ID : VNH4N9T2DN6</b>
City <b>Springfield</b>	State <b>VA</b>	
Zip Code <b>22152-3544</b>	Purpose of Disbursement <b>Campaign Consultant - Metro Bus Pass</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>785.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Promotions Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO Box 231		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VNH4N9T4916</b>
City Glenside	State PA	
Zip Code 19038-0231	Purpose of Disbursement Printing of Campaign Posters	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Promotions Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO Box 231		Amount of Each Disbursement this Period 2185.00 <b>Transaction ID : VNH4N9T48V9</b>
City Glenside	State PA	
Zip Code 19038-0231	Purpose of Disbursement Printing of campaign signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. CFO Compliance</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 1 Park Row		Amount of Each Disbursement this Period 1004.90 <b>Transaction ID : VNH4N9T27V2</b>
City Providence	State RI	
Zip Code 02903-1235	Purpose of Disbursement Compliance Reporting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4189.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. CFO Compliance</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 1 Park Row		Amount of Each Disbursement this Period 2002.45 <b>Transaction ID : VNH4N9T2GZ2</b>
City Providence	State RI Zip Code 02903-1235	
Purpose of Disbursement Compliance Reporting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. City of Alexandria</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address City Hall		Amount of Each Disbursement this Period 659.00 <b>Transaction ID : VNH4N9T2C17</b>
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Rental of Recreation Building for Campaign Event		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. City of Alexandria</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address City Hall		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : VNH4N9T2HB6</b>
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2721.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tracey Collins</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1 Luray Ave		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : VNH4N9T27Z3</b>
City Alexandria	State VA	
Zip Code 22207	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Tracey Collins</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 1 Luray Ave		Amount of Each Disbursement this Period 130.00 <b>Transaction ID : VNH4N9T2AJ6</b>
City Alexandria	State VA	
Zip Code 22207	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Tracey Collins</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1 Luray Ave		Amount of Each Disbursement this Period 155.00 <b>Transaction ID : VNH4N9T2CA9</b>
City Alexandria	State VA	
Zip Code 22207	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	320.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bernard Craighead</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 5515 Little Falls Rd		Amount of Each Disbursement this Period 445.02 <b>Transaction ID : VNH4N9T2DC5</b>
City Arlington	State VA	
Zip Code 22207-1525	Purpose of Disbursement Mileage and office supplies reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mary Craighead</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 5515 Little Falls Rd		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : VNH4N9T2AQ6</b>
City Arlington	State VA	
Zip Code 22207-1525	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mary Craighead</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 5515 Little Falls Rd		Amount of Each Disbursement this Period 75.00 <b>Transaction ID : VNH4N9T2CB6</b>
City Arlington	State VA	
Zip Code 22207-1525	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	590.02
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mary Craighead</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 5515 Little Falls Rd		Amount of Each Disbursement this Period 76.66 <b>Transaction ID : VNH4N9T2E61</b>
City Arlington	State VA	
Zip Code 22207-1525	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Cricket Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 5887 Copley Dr		Amount of Each Disbursement this Period 113.65 <b>Transaction ID : VNH4N9T4771</b>
City San Diego	State CA	
Zip Code 92111-7906	Purpose of Disbursement Cell Phone Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Cricket Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 5887 Copley Dr		Amount of Each Disbursement this Period 109.61 <b>Transaction ID : VNH4N9T4897</b>
City San Diego	State CA	
Zip Code 92111-7906	Purpose of Disbursement Cell Phone Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	299.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 92			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michelle Defreese</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 5 W Glebe Rd Apt A5		Amount of Each Disbursement this Period 809.51 <b>Transaction ID : VNH4N9T2DJ3</b>
City Alexandria	State VA Zip Code 22305-2608	
Purpose of Disbursement Reimbursement for Office Supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anteneh Demelash</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 4600 Duke St		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : VNH4N9T29E2</b>
City Alexandria	State VA Zip Code 22304-2552	
Purpose of Disbursement Campaign Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Anteneh Demelash</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 4600 Duke St		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : VNH4N9T2GF5</b>
City Alexandria	State VA Zip Code 22304-2552	
Purpose of Disbursement Campaign Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	809.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 11001 Lee Hwy		Amount of Each Disbursement this Period 94.29
City Fairfax	State VA	
Zip Code 22030-5018	Purpose of Disbursement Office Supplies	Transaction ID : VNH4N9T48P9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dudley Media</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 919 Catharine St		Amount of Each Disbursement this Period 5000.00
City Philadelphia	State PA	
Zip Code 19147-2740	Purpose of Disbursement Radio Ads	Transaction ID : VNH4N9T2C33
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Embassy Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 1900 Diagonal Rd		Amount of Each Disbursement this Period 1918.14
City Alexandria	State VA	
Zip Code 22314-2810	Purpose of Disbursement Rental for Victory Party	Transaction ID : VNH4N9T48J8
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7012.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Embassy Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1900 Diagonal Rd		Amount of Each Disbursement this Period 815.23 <b>Transaction ID : VNH4N9T48A5</b>
City Alexandria	State VA Zip Code 22314-2810	
Purpose of Disbursement Rooms for Campaign Staff Victory Party		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Daphne Essex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 19 N Trenton St		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : VNH4N9T2801</b>
City Arlington	State VA Zip Code 22203-2968	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daphne Essex</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 19 N Trenton St		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : VNH4N9T2AT9</b>
City Arlington	State VA Zip Code 22203-2968	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	985.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Daphne Essex</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 19 N Trenton St		Amount of Each Disbursement this Period 75.00
City Arlington	State VA	
Zip Code 22203-2968	Purpose of Disbursement Phone Bank Consultant	Transaction ID : VNH4N9T2CE0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Derrick Evan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 6480 Cheyenne Dr		Amount of Each Disbursement this Period 300.00
City Alexandria	State VA	
Zip Code 22312-2364	Purpose of Disbursement DJ for Campaign Rally	Transaction ID : VNH4N9T2C67
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 40.20
City Atlanta	State GA	
Zip Code 30342-1651	Purpose of Disbursement Service Fee	Transaction ID : VNH4N9T48X5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	415.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 466.80 <b>Transaction ID : VNH4N9T48Y3</b>
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Service Discount	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 694.84 <b>Transaction ID : VNH4N9T48Z0</b>
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Interchange Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Phillip Fleming</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 130.00 <b>Transaction ID : VNH4N9T28Z7</b>
City State Zip Code	Purpose of Disbursement Phone Bank Consultant	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1291.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Phillip Fleming</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : VNH4N9T2AW5</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Phillip Fleming</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 170.00 <b>Transaction ID : VNH4N9T2CH2</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Phillip Fleming</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 195.00 <b>Transaction ID : VNH4N9T2E78</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ludwig Gaines Esq.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 302 Princeton Blvd		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : VNH4N9T2920</b>
City Alexandria	State VA	
Zip Code 22314-4716	Purpose of Disbursement Campaign Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Charisse Glassman</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 2128 Grayson Pl		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VNH4N9T29B1</b>
City Falls Church	State VA	
Zip Code 22043-1617	Purpose of Disbursement Campaign Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Charisse Glassman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 2128 Grayson Pl		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNH4N9T2DP4</b>
City Falls Church	State VA	
Zip Code 22043-1617	Purpose of Disbursement Campaign Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Adryann Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 5831 Quantrell Ave Apt 409		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : VNH4N9T2843</b>
City Alexandria	State VA Zip Code 22312-2750	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adryann Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 5831 Quantrell Ave Apt 409		Amount of Each Disbursement this Period 165.00 <b>Transaction ID : VNH4N9T2AY1</b>
City Alexandria	State VA Zip Code 22312-2750	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Adryann Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 5831 Quantrell Ave Apt 409		Amount of Each Disbursement this Period 445.00 <b>Transaction ID : VNH4N9T2CK8</b>
City Alexandria	State VA Zip Code 22312-2750	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	810.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 92	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Adryann Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 5831 Quantrell Ave Apt 409		Amount of Each Disbursement this Period 360.00 <b>Transaction ID : VNH4N9T2EF2</b>
City Alexandria	State VA Zip Code 22312-2750	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gumbinner &amp; Davies</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 2001 S St NW Ste 301		Amount of Each Disbursement this Period 6452.44 <b>Transaction ID : VNH4N9T2GR6</b>
City Washington	State DC Zip Code 20009-1164	
Purpose of Disbursement Campaign Materials		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Barbara Hamlet</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 2483 Windbreak Dr		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNH4N9T29C6</b>
City Alexandria	State VA Zip Code 22306-2662	
Purpose of Disbursement Campaign Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7312.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Barbara Hamlet</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 2483 Windbreak Dr		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : VNH4N9T2DS8</b>
City Alexandria	State VA	
Zip Code 22306-2662	Purpose of Disbursement Campaign Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Harland Clarke</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 10931 Laureate Dr		Amount of Each Disbursement this Period 136.17 <b>Transaction ID : VNH4N9T4722</b>
City San Antonio	State TX	
Zip Code 78249-3312	Purpose of Disbursement Online Event Tickets	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Lisa Helem</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 2501 9th Rd S Apt 281		Amount of Each Disbursement this Period 1075.00 <b>Transaction ID : VNH4N9T29F0</b>
City Arlington	State VA	
Zip Code 22204-9710	Purpose of Disbursement Campaign Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1461.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. La Roy Huff</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>1250.00</b>
City	State Zip Code	
Purpose of Disbursement Campaign Consultant	Category/Type	<b>Transaction ID : VNH4N9T29M9</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LaRoya Huff</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 12 / 2014</b>
Mailing Address 527 Oglethorpe St NE		Amount of Each Disbursement this Period <b>625.00</b>
City	State Zip Code	
Purpose of Disbursement Campaign Consultant	Category/Type	<b>Transaction ID : VNH4N9T2DT6</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. LaVesha Huff</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 01 / 2014</b>
Mailing Address 527 Oglethorpe ST SE		Amount of Each Disbursement this Period <b>80.00</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	<b>Transaction ID : VNH4N9T2AZ9</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1955.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. LaVesha Huff</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 527 Oglethorpe ST SE		Amount of Each Disbursement this Period 113.33 <b>Transaction ID : VNH4N9T2CM6</b>
City Washington State DC Zip Code 20011	Purpose of Disbursement Phone Bank Consultant	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LaVesha Huff</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 527 Oglethorpe ST SE		Amount of Each Disbursement this Period 326.66 <b>Transaction ID : VNH4N9T2EG0</b>
City Washington State DC Zip Code 20011	Purpose of Disbursement Phone Bank Consultant	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Betty Irby</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 609 N Columbus St		Amount of Each Disbursement this Period 170.00 <b>Transaction ID : VNH4N9T2CP1</b>
City Alexandria State VA Zip Code 22314-1848	Purpose of Disbursement Phone Bank Consultant	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	609.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Betty Irby</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014		
Mailing Address 609 N Columbus St			Amount of Each Disbursement this Period 60.00		
City Alexandria	State VA	Zip Code 22314-1848	Transaction ID : VNH4N9T2H91		
Purpose of Disbursement Phone Bank Consultant		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Deloris Irby</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014		
Mailing Address 609 N Columbus St			Amount of Each Disbursement this Period 205.00		
City Alexandria	State VA	Zip Code 22314-1848	Transaction ID : VNH4N9T2CR7		
Purpose of Disbursement Phone Bank Consultant		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Deloris Irby</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014		
Mailing Address 609 N Columbus St			Amount of Each Disbursement this Period 60.00		
City Alexandria	State VA	Zip Code 22314-1848	Transaction ID : VNH4N9T2H83		
Purpose of Disbursement Phone Bank Consultant		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Merwin Jackson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 340.00 <b>Transaction ID : VNH4N9T2877</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Merwin Jackson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : VNH4N9T2B15</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Wunze Kale</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : VNH4N9T2B30</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	340.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wunze Kale</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 265.00
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Transaction ID : VNH4N9T2CX7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Wunze Kale</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 320.00
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Transaction ID : VNH4N9T2EQ5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Craig Kirby</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1770 Kilbourne PI NW		Amount of Each Disbursement this Period 1885.00
City	State Zip Code	
Washington DC 20010-2606	Candidate Name	Transaction ID : VNH4N9T29N7
Purpose of Disbursement Campaign Consultant - Strategist		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2470.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Craig Kirby</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 1770 Kilbourne PI NW		Amount of Each Disbursement this Period 1885.00 <b>Transaction ID : VNH4N9T2DX9</b>
City Washington State DC Zip Code 20010-2606	Purpose of Disbursement Campaign Consultant - Strategist	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. L.A. Harris &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : VNH4N9T2GK7</b>
City State Zip Code	Purpose of Disbursement Campaign Consultants	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. L.A. Harris &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : VNH4N9T2H67</b>
City State Zip Code	Purpose of Disbursement Campaign Consultants	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5490.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Margaret Lewis</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1521 Hunt Ave		Amount of Each Disbursement this Period 236.66 <b>Transaction ID : VNH4N9T2885</b>
City Landover	State MD Zip Code 20785-3913	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Margaret Lewis</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 1521 Hunt Ave		Amount of Each Disbursement this Period 239.15 <b>Transaction ID : VNH4N9T2B64</b>
City Landover	State MD Zip Code 20785-3913	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Margaret Lewis</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 228.33 <b>Transaction ID : VNH4N9T2CY5</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	704.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Margaret Lewis</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1521 Hunt Ave		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : VNH4N9T2EW4</b>
City Landover	State MD Zip Code 20785-3913	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Glemiece Linzy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 170.00 <b>Transaction ID : VNH4N9T28A0</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Glemiece Linzy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 165.00 <b>Transaction ID : VNH4N9T2B98</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	405.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Glemiece Linzy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 270.00
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	<b>Transaction ID : VNH4N9T2CZ2</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Glemiece Linzy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 250.00
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	<b>Transaction ID : VNH4N9T2EY0</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LRB Business Center</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 2121 Eisenhower Ave # S200		Amount of Each Disbursement this Period 1325.00
City	State Zip Code Alexandria VA 22314-4698	
Purpose of Disbursement Campaign Office Rent	Category/Type	<b>Transaction ID : VNH4N9T27W0</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1845.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. LRB Business Center</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 2121 Eisenhower Ave # S200		Amount of Each Disbursement this Period 4096.43
City Alexandria	State VA	
Zip Code 22314-4698	Purpose of Disbursement Campaign Office Rent	Transaction ID : VNH4N9T2938
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shawna Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1 E Luray Ave		Amount of Each Disbursement this Period 40.00
City Alexandria	State VA	
Zip Code 22301-2025	Purpose of Disbursement Phone Bank Consultant	Transaction ID : VNH4N9T28D4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mount Vernon Print Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 13201 Mid Atlantic Blvd		Amount of Each Disbursement this Period 1950.00
City Laurel	State MD	
Zip Code 20708-1433	Purpose of Disbursement Campaign material for election day	Transaction ID : VNH4N9T2DM8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6086.43
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Elijah Orusakwe</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 27 / 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>90.00</b> <b>Transaction ID : VNH4N9T28F0</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Elijah Orusakwe</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 01 / 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>105.00</b> <b>Transaction ID : VNH4N9T2BB4</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Elijah Orusakwe</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 09 / 2014</b>
Mailing Address		Amount of Each Disbursement this Period <b>20.00</b> <b>Transaction ID : VNH4N9T2D00</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Elijah Orusakwe</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : VNH4N9T2F14</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jacqueline Paul</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : VNH4N9T28G8</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jacqueline Paul</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : VNH4N9T2BD9</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	395.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jacqueline Paul</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 43.33 <b>Transaction ID : VNH4N9T2D18</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jacqueline Paul</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : VNH4N9T2F55</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 5020.16 <b>Transaction ID : VNH4N9T46T8</b>
City	State Zip Code Riverside RI 02915-1507	
Purpose of Disbursement Staff Payroll	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5098.49
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 501 Wampanoag Trl

City Riverside State RI Zip Code 02915-1507

Purpose of Disbursement Staff Payroll Withholdings

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 30 / 2014

Amount of Each Disbursement this Period: 1944.99

Transaction ID : VNH4N9T46V6

Category/Type

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 501 Wampanoag Trl

City Riverside State RI Zip Code 02915-1507

Purpose of Disbursement Payroll Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 55.35

Transaction ID : VNH4N9T4932

Category/Type

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 501 Wampanoag Trl

City Riverside State RI Zip Code 02915-1507

Purpose of Disbursement Payroll Withholdings

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 17 / 2014

Amount of Each Disbursement this Period: 1924.73

Transaction ID : VNH4N9T4871

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 3925.07

**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 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 5020.17 <b>Transaction ID : VNH4N9T4889</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Staff Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 130.35 <b>Transaction ID : VNH4N9T4863</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Dorian Payne Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : VNH4N9T2BF5</b>
City	State	
Zip Code	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5170.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dorian Payne Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 97.50 <b>Transaction ID : VNH4N9T2D26</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Dorian Payne Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 145.00 <b>Transaction ID : VNH4N9T2F71</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Jazmine Payne</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 23 Pace Wood Court		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : VNH4N9T28J4</b>
City	State Zip Code Washington DC 20032	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	287.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jazmine Payne</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 23 Pace Wood Court		Amount of Each Disbursement this Period 95.00
City Washington	State DC	
Zip Code 20032	Purpose of Disbursement Phone Bank Consultant	<b>Transaction ID : VNH4N9T2BG3</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jazmine Payne</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 23 Pace Wood Court		Amount of Each Disbursement this Period 140.00
City Washington	State DC	
Zip Code 20032	Purpose of Disbursement Phone Bank Consultant	<b>Transaction ID : VNH4N9T2D34</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Robert Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 345.00
City	State	
Zip Code	Purpose of Disbursement Phone Bank Consultant	<b>Transaction ID : VNH4N9T28K1</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	580.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Robert Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 70.00
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	<b>Transaction ID : VNH4N9T2BK7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Robert Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 220.00
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	<b>Transaction ID : VNH4N9T2D42</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>c. Robert Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 180.00
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	<b>Transaction ID : VNH4N9T2FA5</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	470.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shannon Pinneck</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 3715 Leeds Dr		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : VNH4N9T29J3</b>
City Suitland State MD Zip Code 20746-2228	Purpose of Disbursement Campaign Consultant	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tomikio Pratt</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 280.00 <b>Transaction ID : VNH4N9T2BN3</b>
City State Zip Code	Purpose of Disbursement Phone Bank Consultant	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Tomikio Pratt</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 480.00 <b>Transaction ID : VNH4N9T2D68</b>
City State Zip Code	Purpose of Disbursement Phone Bank Consultant	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2010.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tomikio Pratt</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : VNH4N9T2FE7</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bethlehem Ramet</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 6314 Strawbridge Square Dr		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : VNH4N9T28M9</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bethlehem Ramet</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 6314 Strawbridge Square Dr		Amount of Each Disbursement this Period 160.00 <b>Transaction ID : VNH4N9T2BR6</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	620.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 92			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bethlehem Ramet</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 6314 Strawbridge Square Dr		Amount of Each Disbursement this Period 345.00 <b>Transaction ID : VNH4N9T2D76</b>
City Alexandria	State VA Zip Code 22312-1917	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Bethlehem Ramet</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 6314 Strawbridge Square Dr		Amount of Each Disbursement this Period 108.33 <b>Transaction ID : VNH4N9T2FJ8</b>
City Alexandria	State VA Zip Code 22312-1917	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Mustafa Saleem</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : VNH4N9T28N7</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	488.33
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 92	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mustafa Saleem</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : VNH4N9T2BT2</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mustafa Saleem</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : VNH4N9T2D84</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mustafa Saleem</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : VNH4N9T2FN0</b>
City	State Zip Code	
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	295.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Simons</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 12603 Woodbridge Ct		Amount of Each Disbursement this Period 686.16 <b>Transaction ID : VNH4N9T2H33</b>
City Mitchellville	State MD	
Zip Code 20721-4238	Purpose of Disbursement Reimbursement for Victory Party	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 3155 Duke St		Amount of Each Disbursement this Period 96.41 <b>Transaction ID : VNH4N9T4755</b>
City Alexandria	State VA	
Zip Code 22314-4518	Purpose of Disbursement Office Supplies	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 3155 Duke St		Amount of Each Disbursement this Period 119.20 <b>Transaction ID : VNH4N9T4763</b>
City Alexandria	State VA	
Zip Code 22314-4518	Purpose of Disbursement Office Supplies	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	901.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 3155 Duke St		Amount of Each Disbursement this Period 978.37 <b>Transaction ID : VNH4N9T4966</b>
City Alexandria	State VA	
Zip Code 22314-4518	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 3155 Duke St		Amount of Each Disbursement this Period 329.09 <b>Transaction ID : VNH4N9T48W7</b>
City Alexandria	State VA	
Zip Code 22314-4518	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 3155 Duke St		Amount of Each Disbursement this Period 582.64 <b>Transaction ID : VNH4N9T48R5</b>
City Alexandria	State VA	
Zip Code 22314-4518	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	978.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 3155 Duke St		Amount of Each Disbursement this Period 2.12 <b>Transaction ID : VNH4N9T48E6</b>
City Alexandria	State VA	
Zip Code 22314-4518	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 3155 Duke St		Amount of Each Disbursement this Period 11.20 <b>Transaction ID : VNH4N9T48F4</b>
City Alexandria	State VA	
Zip Code 22314-4518	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Dwight Stewart</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 4103 3rd Rd N Apt 3		Amount of Each Disbursement this Period 206.65 <b>Transaction ID : VNH4N9T28Q3</b>
City Arlington	State VA	
Zip Code 22203-3201	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	219.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 92			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dwight Stewart</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 4103 3rd Rd N Apt 3		Amount of Each Disbursement this Period 173.33 <b>Transaction ID : VNH4N9T2BV0</b>
City Arlington	State VA	
Zip Code 22203-3201	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dwight Stewart</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 4103 3rd Rd N Apt 3		Amount of Each Disbursement this Period 38.33 <b>Transaction ID : VNH4N9T2D91</b>
City Arlington	State VA	
Zip Code 22203-3201	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Subway</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 132.00 <b>Transaction ID : VNH4N9T48G2</b>
City	State	
Zip Code	Purpose of Disbursement Lunch for Campaign Staff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	343.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Subway</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 5.50 <b>Transaction ID : VNH4N9T48H0</b>
City	State Zip Code	
Purpose of Disbursement Lunch for Campaign Staff	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tempo Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address		Amount of Each Disbursement this Period 647.90 <b>Transaction ID : VNH4N9T2H17</b>
City	State Zip Code	
Purpose of Disbursement Campaign Dinner Event	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lawrence Welch</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 4377 Benning Rd NE		Amount of Each Disbursement this Period 260.00 <b>Transaction ID : VNH4N9T28R1</b>
City	State Zip Code	
Washington DC 20019-4554		
Purpose of Disbursement Phone Bank Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	913.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lawrence Welch</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 4377 Benning Rd NE		Amount of Each Disbursement this Period 242.50 <b>Transaction ID : VNH4N9T2BW8</b>
City Washington State DC Zip Code 20019-4554	Purpose of Disbursement Phone Bank Consultant Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Welch</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 4377 Benning Rd NE		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : VNH4N9T2DA9</b>
City Washington State DC Zip Code 20019-4554	Purpose of Disbursement Phone Bank Consultant Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Lawrence Welch</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 4377 Benning Rd NE		Amount of Each Disbursement this Period 180.00 <b>Transaction ID : VNH4N9T2G23</b>
City Washington State DC Zip Code 20019-4554	Purpose of Disbursement Phone Bank Consultant Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	662.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 12.00 <b>Transaction ID : VNH4N9T4739</b>
City	State Zip Code	
Purpose of Disbursement Returned Check Charge	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address		Amount of Each Disbursement this Period 53.00 <b>Transaction ID : VNH4N9T46R3</b>
City	State Zip Code	
Purpose of Disbursement Transaction Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : VNH4N9T46S0</b>
City	State Zip Code	
Purpose of Disbursement Monthly Service Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	79.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Warren C Williams Jr</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 5335 Wisconsin Ave NW Ste 440		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : VNH4N9T4747</b>
City Washington State DC Zip Code 20015-2079	Purpose of Disbursement Returned Check	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bruce Willingham</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address		Amount of Each Disbursement this Period 270.00 <b>Transaction ID : VNH4N9T2DB7</b>
City State Zip Code	Purpose of Disbursement Phone Bank Consultant	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bruce Willingham</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 65.00 <b>Transaction ID : VNH4N9T2GA6</b>
City State Zip Code	Purpose of Disbursement Phone Bank Consultant	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2935.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Naomi Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 35.00
City State Zip Code		
Purpose of Disbursement Phone Bank Consultant	Candidate Name	<b>Transaction ID : VNH4N9T28T7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Naomi Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 70.00
City State Zip Code		
Purpose of Disbursement Phone Bank Consultant	Candidate Name	<b>Transaction ID : VNH4N9T2BX6</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Naomi Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 260.00
City State Zip Code		
Purpose of Disbursement Phone Bank Consultant	Candidate Name	<b>Transaction ID : VNH4N9T2GC2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	365.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 92			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lidet Wolderetlassie</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 5581 Trent Ct Apt 213		Amount of Each Disbursement this Period 250.00
City Alexandria	State VA	
Zip Code 22311-5581	Purpose of Disbursement DJ for Campaign Event	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patricia Yancey</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1 E Luray Ave		Amount of Each Disbursement this Period 170.00
City Alexandria	State VA	
Zip Code 22301-2025	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Patricia Yancey</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 1 E Luray Ave		Amount of Each Disbursement this Period 105.00
City Alexandria	State VA	
Zip Code 22301-2025	Purpose of Disbursement Phone Bank Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 92		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Patricia Yancey</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1 E Luray Ave		Amount of Each Disbursement this Period 305.00 <b>Transaction ID : VNH4N9T2GE7</b>
City Alexandria	State VA Zip Code 22301-2025	
Purpose of Disbursement Phone Bank Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	305.00
<b>TOTAL</b> This Period (last page this line number only).....	83623.05