

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

Friends of Don Webb

ADDRESS (number and street)

1610 Bridges Drive

Check if different than previously reported. (ACC)

High Point

NC

27262

2. FEC IDENTIFICATION NUMBER ▼

C C00546291

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

06

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

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 Steve Arnold

Signature of Treasurer Steve Arnold

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Friends of Don Webb

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))....	11624.00	21474.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	11624.00	21474.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32720.26	61438.35
(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)).....	32720.26	61438.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	35.65	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	40000.00	

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

Friends of Don Webb

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).....	8500.00	16950.00
(ii) Unitemized.....	3124.00	4524.00
(iii) TOTAL of contributions from individuals ▶	11624.00	21474.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11624.00	21474.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	21000.00	40000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	21000.00	40000.00
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)..... ▶	32624.00	61474.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32720.26	61438.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	32720.26	61438.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	131.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32624.00
25. SUBTOTAL (add Line 23 and Line 24).....	32755.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32720.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35.65

**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 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial)
David Chorba

Mailing Address 1140 Idbury Lane

City Charleston State SC Zip Code 29414

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

Name of Employer Delaware Investments Occupation Regional Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period
 Contribution 500.00

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

Mailing Address 2905 Kippenshire Lane

City High Point State NC Zip Code 27262

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2013

Transaction ID : SA11AI.4351

Amount of Each Receipt this Period
 Contribution 500.00

C. Full Name (Last, First, Middle Initial)
Fran Jennings

Mailing Address 1589 Skeet Club Road
Suite 102, #243

City High Point State NC Zip Code 27265

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period
 Contribution 100.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
	<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)
Friends of Don Webb

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

Mailing Address 704 Rockford Road

City High Point State NC Zip Code 27262

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

Name of Employer Wells Fargo Occupation Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 27 / 2013

Transaction ID : SA11AI.4285

Amount of Each Receipt this Period
 Contribution 2000.00

B. Full Name (Last, First, Middle Initial)
Katie Loovis

Mailing Address 1304 Massachusetts Avenue, SE

City Washington State DC Zip Code 20003

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

Name of Employer Glaxo Smith Kline Occupation Corporate Communications Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 08 / 2013

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
Linda Teague

Mailing Address 1604 Merrimom Place

City High Point State NC Zip Code 27265

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2013

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period
 Contribution 950.00

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

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

3200.00

**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 25
	<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)
Friends of Don Webb

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

Mailing Address 1228 South Hadley Road

City State Zip Code
Fort Wayne IN 46804

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
750.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 24 / 2013

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period
750.00

Contribution

B. Full Name (Last, First, Middle Initial)
Scott Webb

Mailing Address 2603 Simon Road

City State Zip Code
Huntertown IN 46748

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

Name of Employer Occupation
Webb Marketing Sales 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
11 / 11 / 2013

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Stephen Webb

Mailing Address 1980 Eagle Ridge SW

City State Zip Code
Conyers GA 30094

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

Name of Employer Occupation
Visy Paper CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period
1000.00

Contribution

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 8 OF 25
	<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)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial)
Stephen Webb

Mailing Address 1980 Eagle Ridge SW

City Conyers State GA Zip Code 30094

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

Name of Employer Visy Paper Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 25 / 2013

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period
 Contribution 600.00

Amount of Each Receipt this Period
 Contribution 2600.00

B. Full Name (Last, First, Middle Initial)
Douglas Witcher

Mailing Address 112 Judges Ct

City Jamestown State NC Zip Code 27282

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

Name of Employer Choice Insurance Occupation Insurance Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period
 Contribution 1600.00

Amount of Each Receipt this Period
 Contribution 2600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period
 Contribution

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

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

2200.00

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) Don Webb		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2013
Mailing Address 220 Timberlake Drive		Transaction ID : SA13A.4266
City High Point	State NC	
FEC ID number of contributing federal political committee. C H4NC06060		Amount of Each Receipt this Period 2000.00
Name of Employer Wells Fargo	Occupation Financial Advisor	Loan
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 16000.00	

Full Name (Last, First, Middle Initial) Don Webb		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2013
Mailing Address 220 Timberlake Drive		Transaction ID : SA13A.4268
City High Point	State NC	
FEC ID number of contributing federal political committee. C H4NC06060		Amount of Each Receipt this Period 2000.00
Name of Employer Wells Fargo	Occupation Financial Advisor	Loan from Candidate
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 18000.00	

Full Name (Last, First, Middle Initial) Don Webb		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 08 / 2013
Mailing Address 220 Timberlake Drive		Transaction ID : SA13A.4288
City High Point	State NC	
FEC ID number of contributing federal political committee. C H4NC06060		Amount of Each Receipt this Period 3000.00
Name of Employer Wells Fargo	Occupation Financial Advisor	Loan
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 21000.00	

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial)
Don Webb

Mailing Address 220 Timberlake Drive

City State Zip Code
High Point NC 27265

FEC ID number of contributing federal political committee. **C H4NC06060**

Name of Employer Occupation
Wells Fargo Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
28000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 14 / 2013

Transaction ID : SA13A.4307

Amount of Each Receipt this Period
7000.00

Loan

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

Mailing Address 220 Timberlake Drive

City State Zip Code
High Point NC 27265

FEC ID number of contributing federal political committee. **C H4NC06060**

Name of Employer Occupation
Wells Fargo Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
35000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2013

Transaction ID : SA13A.4301

Amount of Each Receipt this Period
7000.00

Loan

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).....

14000.00

21000.00

**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 11 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.4273
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Database Services	001	Category/Type
Candidate Name Friends of Don Webb		
Office Sought: <input checked="" 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: NC District: 06		

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 2300.00 Transaction ID : SB17.4274
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Technical/Computer Support	001	Category/Type
Candidate Name Friends of Don Webb		
Office Sought: <input checked="" 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: NC District: 06		

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4271
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Salary	001	Category/Type
Candidate Name Friends of Don Webb		
Office Sought: <input checked="" 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: NC District: 06		

SUBTOTAL of Disbursements This Page (optional).....	3900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4270
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Printed palm cards	Category/Type 003	
Candidate Name Friends of Don Webb	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 06	

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4272
City High Point	State NC Zip Code 27262	
Purpose of Disbursement List acquisition	Category/Type 003	
Candidate Name Friends of Don Webb	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 06	

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4292
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Letterhead/stationery	Category/Type 006	
Candidate Name Friends of Don Webb	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 06	

SUBTOTAL of Disbursements This Page (optional)	2400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 3000.00
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Salary	Category/Type 001	Transaction ID : SB17.4276
Candidate Name Friends of Don Webb	Office Sought: <input checked="" 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: NC District: 06	

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 2900.00
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Direct marketing	Category/Type 003	Transaction ID : SB17.4294
Candidate Name Friends of Don Webb	Office Sought: <input checked="" 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: NC District: 06	

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 7800.00
City High Point	State NC Zip Code 27262	
Purpose of Disbursement GOTV phone calls	Category/Type 003	Transaction ID : SB17.4291
Candidate Name Friends of Don Webb	Office Sought: <input checked="" 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: NC District: 06	

SUBTOTAL of Disbursements This Page (optional).....	13700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4275
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Salary	001 Category/Type	
Candidate Name Friends of Don Webb		
Office Sought: <input checked="" 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: NC District: 06		

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4293
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Salary	001 Category/Type	
Candidate Name Friends of Don Webb		
Office Sought: <input checked="" 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: NC District: 06		

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.4305
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Salary	001 Category/Type	
Candidate Name Friends of Don Webb		
Office Sought: <input checked="" 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: NC District: 06		

SUBTOTAL of Disbursements This Page (optional).....	9300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 25
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4306
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Research services	Category/Type 001	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" 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: NC District: 06	

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.4303
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" 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: NC District: 06	

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 1300.00 Transaction ID : SB17.4304
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" 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: NC District: 06	

SUBTOTAL of Disbursements This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	32600.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4222**

LOAN SOURCE Full Name (Last, First, Middle Initial) Friends of Don Webb	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1610 Bridges Drive	

City	State	ZIP Code
High Point	NC	27262

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 12 / 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Dr	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 5000.00 Transaction ID : SC/10.4222.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4116**

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

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS

Date Incurred: M 07 / D 02 / Y 2013
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 2000.00 Transaction ID : SC/10.4116.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Don Webb

Transaction ID : SC/10.4114

LOAN SOURCE Full Name (Last, First, Middle Initial)
Don Webb

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
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TERMS

Date Incurred: M 07 / D 26 / Y 2013
Date Due: M M / D D / Y 12/30/2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 3000.00 Transaction ID : SC/10.4114.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 3000.00
TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4110**

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

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

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

TERMS

Date Incurred: M 08 / D 14 / Y 2013
Date Due: M M / D D / Y 12/31/2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 5000.00 Transaction ID : SC/10.4110.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5000.00

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Don Webb

Transaction ID : SC/10.4106

LOAN SOURCE Full Name (Last, First, Middle Initial)
Don Webb

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
4000.00 0.00 4000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 13 / 2013 M M / D D / 12/30/2014 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 4000.00 Transaction ID : SC/10.4106.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 4000.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4266**

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

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS

Date Incurred: M 10 / D 11 / Y 2013
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 2000.00 Transaction ID : SC/10.4266.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4268**

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

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS

Date Incurred: M 10 / D 28 / Y 2013
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 2000.00 Transaction ID : SC/10.4268.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Don Webb

Transaction ID : SC/10.4288

LOAN SOURCE Full Name (Last, First, Middle Initial)
Don Webb

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3000.00 0.00 3000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 08 / Y 2013 M M / D D / Y 12/31/2014 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 3000.00 Transaction ID : SC/10.4288.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 3000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Don Webb

Transaction ID : SC/10.4307

LOAN SOURCE Full Name (Last, First, Middle Initial)
Don Webb

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
7000.00 0.00 7000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 14 / Y 2013 M M / D D / Y 12/31/2014 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 7000.00 Transaction ID : SC/10.4307.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 7000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4301**

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

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 7000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7000.00
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TERMS

Date Incurred: M 12 / D 02 / Y 2013
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 7000.00 Transaction ID : SC/10.4301.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	7000.00
TOTALS This Period (last page in this line only).....	40000.00

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