



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Andy Patrick**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 36100.00                | 97712.20                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 36100.00                | 97712.20                           |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 54925.94                | 82165.47                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 54925.94                | 82165.47                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 15546.73                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 3584.35                 |                                    |

**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 Andy Patrick**

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

| I. RECEIPTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:   |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                    |
| (i) Itemized (use Schedule A).....   | 31350.00                      | 87907.20                           |
| (ii) Unitemized.....   | 4000.00                       | 8555.00                            |
| (iii) TOTAL of contributions from individuals ▶  | 35350.00                      | 96462.20                           |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees (such as PACs).....   | 750.00                        | 1250.00                            |
| (d) The Candidate.....   | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 36100.00                      | 97712.20                           |
| 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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 36100.00                      | 97712.20                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 54925.94                      | 82165.47                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 54925.94                      | 82165.47                           |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 34372.67 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 36100.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 70472.67 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 54925.94 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 15546.73 |

**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 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**GREGORY M. ALFORD**

Mailing Address 6 RICE LANE

City State Zip Code  
HILTON HEAD ISLAND SC 29928-5908

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2013

**Transaction ID : SA11.199**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

Mailing Address 5 CUSABO PLACE

City State Zip Code  
HILTON HEAD ISLAND SC 29926-2020

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

Name of Employer Occupation  
HARGRAY COMMUNICATIONS GROUP ATTORNEY

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2013

**Transaction ID : SA11.133**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address PO Box 1365

City State Zip Code  
Columbia SC 29202

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

Name of Employer Occupation

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2013

**Transaction ID : 2**

Amount of Each Receipt this Period  
 300.00  
 contribution

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

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

2050.00

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

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

FOR LINE NUMBER: PAGE 6 OF 33  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES CAIN**

Mailing Address 54 BERMUDA POINTE CIRCLE

City State Zip Code  
HILTON HEAD ISLAND SC 29926-1247

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

Name of Employer Occupation  
FREIGHTCO LOGISTICS OWNER

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 05 / 2013

**Transaction ID : SA11.18**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 369 FRIPP POINT RD

City State Zip Code  
ST HELENA ISLAND SC 29920-3435

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

Name of Employer Occupation  
RETIRED MILITARY

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2013

**Transaction ID : SA11.130**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES D'ALESSIO**

Mailing Address 209 FETTERBUSH ROAD

City State Zip Code  
ELGIN SC 29045-9185

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

Name of Employer Occupation  
BLUECROSS BLUESHIELD OF SC VP

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 17 / 2013

**Transaction ID : SA11.182**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 7 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**MARIANNE DOY**

Mailing Address 41 BROWN THRASHER RD

City State Zip Code  
HILTON HEAD ISLAND SC 29926-1805

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

Name of Employer Occupation  
SELF EMPLOYED FINANCIAL MANAGER

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2013

**Transaction ID : SA11.143**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 7966

City State Zip Code  
HILTON HEAD ISLAND SC 29938-7966

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

Name of Employer Occupation  
SELF FINANCE

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2013

**Transaction ID : SA11.202**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 145 DILLON ROAD

City State Zip Code  
HILTON HEAD ISLAND SC 29926-3705

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

Name of Employer Occupation  
SELF ENTREPRENUR

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2013

**Transaction ID : SA11.154**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**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 8 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM FUGE**

Mailing Address 145 SAWMILL CREEK ROAD

City State Zip Code  
BLUFFTON SC 29910-6304

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 15 / 2013

**Transaction ID : SA11.170**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 52 CANVASBACK ROAD

City State Zip Code  
HILTON HEAD ISLAND SC 29928-5719

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 15 / 2013

**Transaction ID : SA11.172**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 54 BRIDGETOWN ROAD

City State Zip Code  
HILTON HEAD ISLAND SC 29928-3365

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 14 / 2013

**Transaction ID : SA11.152**

Amount of Each Receipt this Period  
750.00  
CONTRIBUTION

**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 9 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**Joe Harden**

Mailing Address 1 Nautilus Road

City State Zip Code  
Hilton Head SC 29928

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

Name of Employer Occupation

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2013

**Transaction ID : 3**

Amount of Each Receipt this Period  
250.00

contributio

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

Mailing Address 5 BAYNARD PENNSULA

City State Zip Code  
HILTON HEAD ISLAND SC 29928-4131

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2013

**Transaction ID : SA11.159**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 32 STARBOARD TACK

City State Zip Code  
HILTON HEAD ISLAND SC 29928-5284

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 15 / 2013

**Transaction ID : SA11.171**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

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

750.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 10 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**CATHERINE CANDLER HOAGLAND**

Mailing Address 61 SPARWHEEL LAND

City State Zip Code  
HILTON HEAD ISLAND SC 29926-1276

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2013

**Transaction ID : SA11.153**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 62 BRAMS POINT ROAD

City State Zip Code  
HILTON HEAD ISLAND SC 29926-2003

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

Name of Employer Occupation  
SELF SOCIAL WORKER

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SA11.195**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 23 CHESTERTON COURT

City State Zip Code  
BLUFFTON SC 29910-7332

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2013

**Transaction ID : SA11.124**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**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:<br>(check only one)   | PAGE 11 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL IAQUINTA**

Mailing Address 19 BOW CIRCLE, SUITE C

City State Zip Code  
HILTON HEAD ISLAND SC 29928-2301

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

Name of Employer Occupation  
ISELECTMD DIRECTOR

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SA11.180**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 910 MAY RIVER ROAD

City State Zip Code  
BLUFFTON SC 29910-5805

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

Name of Employer Occupation  
JONES & NEWTON ATTORNEY

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2013

**Transaction ID : SA11.203**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 19 WOOD IBIS ROAD

City State Zip Code  
HILTON HEAD ISLAND SC 29928-5709

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

Name of Employer Occupation  
SELF CONSULTANT

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SA11.192**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**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:<br>(check only one)  | PAGE 12 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**MARY LOU LINEBERGER**

Mailing Address **20 TOWN DRIVE # 395**

City **BLUFFTON** State **SC** Zip Code **29910-4204**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2013**

**Transaction ID : SA11.193**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **13 BRIGANTINE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-5216**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **BUSINESS, REAL ESTATE AND FINANCIAL**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2013**

**Transaction ID : SA11.141**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **89 HARBOUR PASSAGE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-1264**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : SA11.176**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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:<br>(check only one)  | PAGE 13 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**EUSE MITA**

Mailing Address **2224 E DEERFIELD DRIVE**

City **MEDIA** State **PA** Zip Code **19063-1834**

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

Name of Employer **MITA MANAGEMENT** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2013**

**Transaction ID : SA11.200**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

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

Mailing Address **23 COMPASS POINT**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-1615**

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

Name of Employer **MOGIL LAW FIRM** Occupation **ATTORNEY**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2013**

**Transaction ID : SA11.135**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address **89 PLANTATION DRIVE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-4134**

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

Name of Employer **INFO REQUESTED** Occupation **INFO REQUESTED**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 05 / 2013**

**Transaction ID : SA11.20**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**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:<br>(check only one)   | PAGE 14 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID PARDUE**

Mailing Address **17 SOUTH BEACH LAGOON**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-5716**

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

Name of Employer **THE DACOURT GROUP** Occupation **EXECUTIVE**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2013**

**Transaction ID : SA11.191**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **23 Wing Shell Lane**

City **Hilton Head** State **SC** Zip Code **29926**

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

Name of Employer Occupation

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2013**

**Transaction ID : 1**

Amount of Each Receipt this Period  
**250.00**  
 contribution

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

Mailing Address **10 SANCTUARY POND ROAD**

City **COHASSET** State **MA** Zip Code **02025-1386**

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

Name of Employer **NELSON MULLINS** Occupation **LAWYER**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2013**

**Transaction ID : SA11.136**

Amount of Each Receipt this Period  
**1500.00**  
 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:<br>(check only one)   | PAGE 15 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**MORRIS PINKOWITZ**

Mailing Address **56 W CANADIAN WOODS ROAD**

City **MANALAPAN** State **NJ** Zip Code **07726-2749**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2013**

**Transaction ID : SA11.160**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **1622 PIONEER ROAD**

City **YORK** State **SC** Zip Code **29745-7377**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2013**

**Transaction ID : SA11.150**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **107 S. WEST ST, PMB 473**

City **ALEXANDRIA** State **VA** Zip Code **22314-2824**

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

Name of Employer **THREAT ASSESSMENT RESOURCES INTL** Occupation **PSYCHOLOGIST**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2013**

**Transaction ID : SA11.144**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**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: PAGE 16 OF 33  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**FRANK RATTI**

Mailing Address 47 RIVER CLUB DRIVE

City State Zip Code  
HILTON HEAD ISLAND SC 29926-2312

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 11 / 2013

**Transaction ID : SA11.161**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 12 FOOT POINT ROAD

City State Zip Code  
HILTON HEAD ISLAND SC 29928-3322

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

Name of Employer Occupation  
CHARTER ONE REALTY OWNER

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 18 / 2013

**Transaction ID : SA11.179**

Amount of Each Receipt this Period  
 1250.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 6133

City State Zip Code  
HILTON HEAD ISLAND SC 29938-6133

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

Name of Employer Occupation  
SELF DEVELOPER

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 18 / 2013

**Transaction ID : SA11.178**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 17 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**ALLEN ROTH**

Mailing Address 255 RAYMOND ST

City State Zip Code  
ROCKVILLE CENTRE NY 11570-3123

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

Name of Employer Occupation  
RSL MANAGEMENT ADMINISTRATOR

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2013

**Transaction ID : SA11.139**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 13 OLDFIELD VILLAGE ROAD

City State Zip Code  
BLUFFTON SC 29909-7011

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SA11.197**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

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

Mailing Address 12 DYLAN'S POINTE

City State Zip Code  
OKATIE SC 29909-4150

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

Name of Employer Occupation  
SELF REAL ESTATE

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2013

**Transaction ID : SA11.128**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**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:<br>(check only one)  | PAGE 18 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**JIMMY ROWE**

Mailing Address 51 HAUL AWAY

City State Zip Code  
HILTON HEAD ISLAND SC 29928-5283

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

Name of Employer Occupation  
KINGHORN INSURANCE INSURANCE BROKER

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 15 / 2013

**Transaction ID : SA11.173**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 14 FARMSTEAD DRIVE

City State Zip Code  
NORTH CALDWELL NJ 07006-4306

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 14 / 2013

**Transaction ID : SA11.151**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 2134 BERMUDA HILLS ROAD

City State Zip Code  
COLUMBIA SC 29223-6733

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SA11.184**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**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: PAGE 19 OF 33  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

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

Mailing Address 40 BRAMS POINT ROAD

City State Zip Code  
HILTON HEAD SC 29926-2003

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

Name of Employer Occupation  
MERRILL LYNCH FINANCIAL ADVISOR

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 28 / 2013

**Transaction ID : SA11.12**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 35 BAYNARD PK. RD.

City State Zip Code  
HILTON HEAD SC 29928-4161

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2013

**Transaction ID : SA11.138**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 10 COTTINGHAM ROAD

City State Zip Code  
BLUFFTON SC 29910-4717

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11.169**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

750.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 20 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**JUDY TREW**

Mailing Address **15 KNIGHTSBRIDGE LANE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-3366**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 05 / 2013**

**Transaction ID : SA11.19**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

Mailing Address **12 BAYLEY ROAD**

City **BLUFFTON** State **SC** Zip Code **29910-4929**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : SA11.174**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **7 TWICKENHAM LANE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-3353**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : SA11.175**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**4000.00**

**31350.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 21 OF 33 |
|   | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**ADVANCE AMERICA CASH ADVANCE CENTERS, INC**

Mailing Address 135 NORTH CHURCH STREET

City State Zip Code  
SPARTANBURG SC 29306-5138

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

Name of Employer Occupation

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2013

**Transaction ID : SA11.201**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**REGIONS FINANCIAL CORPORATION PAC**

Mailing Address 417 20TH STREET NORTH

City State Zip Code  
BIRMINGHAM AL 35203-3203

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

Name of Employer Occupation

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11.165**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**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).....

750.00

750.00

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 22 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMEX COLLECTION</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 19 / 2013                           |
| Mailing Address   |  | Amount of Each Disbursement this Period<br>5,000.00<br><b>Transaction ID : SB17.I67</b> |
| City  | State Zip Code   |   |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE   | Category/Type  |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District: 00   |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MERCHANT SOLUTIONS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 19 / 2013                         |
| Mailing Address   |  | Amount of Each Disbursement this Period<br>124.40<br><b>Transaction ID : SB17.I68</b> |
| City  | State Zip Code   |   |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING FEE   | Category/Type  |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District: 00   |  |   |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. KRISTIN BEAULIEU</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 16 / 2013                          |
| Mailing Address 136 PRINCETON ROAD  |  | Amount of Each Disbursement this Period<br>5000.00<br><b>Transaction ID : SB17.I48</b> |
| City  | State Zip Code<br>NASHUA NH 03064  |  |
| Purpose of Disbursement<br>POLITICAL CONSULTING   | Category/Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District: 00   |  |  |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5145.81 |
| <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:<br>(check only one)          | PAGE 23 OF 33                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ROBERT J. MAY III</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 01 / 2013</b>                         |
| Mailing Address <b>25 HOOPES ROAD</b>  |   | Amount of Each Disbursement this Period<br><b>901.48</b><br><b>Transaction ID : SB17.I50</b> |
| City<br><b>NEWPORT NEWS</b>  | State<br><b>VA</b>  |  |
| Zip Code<br><b>23602</b>   | Purpose of Disbursement<br><b>MILEAGE AND TELEPHONE EXPENSES</b>  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District: <b>00</b>  |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ROBERT J. MAY III</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 01 / 2013</b>                         |
| Mailing Address <b>25 HOOPES ROAD</b>  |   | Amount of Each Disbursement this Period<br><b>343.94</b><br><b>Transaction ID : SB17.I51</b> |
| City<br><b>NEWPORT NEWS</b>  | State<br><b>VA</b>  |  |
| Zip Code<br><b>23602</b>   | Purpose of Disbursement<br><b>MILEAGE AND TELEPHONE EXPENSES</b>  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District: <b>00</b>  |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ROBERT J. MAY III</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 01 / 2013</b>                         |
| Mailing Address <b>25 HOOPES ROAD</b>  |   | Amount of Each Disbursement this Period<br><b>293.00</b><br><b>Transaction ID : SB17.I52</b> |
| City<br><b>NEWPORT NEWS</b>  | State<br><b>VA</b>  |  |
| Zip Code<br><b>23602</b>   | Purpose of Disbursement<br><b>TELEPHONE</b>   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District: <b>00</b>  |  |

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|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1538.42</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 24 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ROBERT J. MAY III</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 06 / 2013</b> |
| Mailing Address <b>25 HOOPES ROAD</b>   |  | Amount of Each Disbursement this Period<br><b>4000.00</b>            |
| City<br><b>NEWPORT NEWS</b>   | State<br><b>VA</b>   |  |
| Zip Code<br><b>23602</b>  | Purpose of Disbursement<br><b>CONSULTING</b>   | <b>Transaction ID : SB17.I54</b>                                     |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District: <b>00</b>  |  |  |

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|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CMDI</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 26 / 2013</b> |
| Mailing Address <b>1593 TYSONS CORNER, SUITE 400</b>  |   | Amount of Each Disbursement this Period<br><b>338.13</b>             |
| City<br><b>TYSONS CORNER</b>  | State<br><b>VA</b>  |  |
| Zip Code<br><b>22182</b>  | Purpose of Disbursement<br><b>WIDGETMAKERS TRANSACTION FEE</b>  | <b>Transaction ID : SB17.I103</b>                                    |
| Candidate Name  | Category/Type<br><b>003</b>   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District: <b>00</b>  |   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CMDI</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 06 / 2013</b> |
| Mailing Address <b>1593 TYSONS CORNER, SUITE 400</b>  |  | Amount of Each Disbursement this Period<br><b>798.00</b>             |
| City<br><b>TYSONS CORNER</b>  | State<br><b>VA</b>   |  |
| Zip Code<br><b>22182</b>  | Purpose of Disbursement<br><b>COMPLIANCE SOFTWARE</b>  | <b>Transaction ID : SB17.I57</b>                                     |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District: <b>00</b>  |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>5136.13</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:<br>(check only one)          |                                    | PAGE 25 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. COASTAL STATES BANK</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 18 / 2013</b> |
| Mailing Address   |  | Amount of Each Disbursement this Period<br><b>15.00</b>              |
| City  | State Zip Code   |  |
| <b>HILTON HEAD ISLAND</b>   | <b>SC 29928</b>  | <b>Transaction ID : SB17.I65</b>                                     |
| Purpose of Disbursement<br><b>WIRE TRANSFER FEE</b>   | Category/Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District: <b>00</b>  |  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FACEBOOK</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 21 / 2013</b> |
| Mailing Address   |   | Amount of Each Disbursement this Period<br><b>104.63</b>             |
| City  | State Zip Code  |  |
| <b>FACEBOOK ADS</b>   | <b>004</b>  | <b>Transaction ID : SB17.I102</b>                                    |
| Purpose of Disbursement   | Category/Type   |  |
| Candidate Name  |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District: <b>00</b>  |   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. GOOGLE</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 04 / 2013</b> |
| Mailing Address   |  | Amount of Each Disbursement this Period<br><b>200.00</b>             |
| City  | State Zip Code   |  |
| <b>GOOGLE ADS</b>   |  | <b>Transaction ID : SB17.I58</b>                                     |
| Purpose of Disbursement   | Category/Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District: <b>00</b>  |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>319.63</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:<br>(check only one)  | PAGE 26 OF 33 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GOOGLE</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 06 / 2013 |
| Mailing Address  |  | Amount of Each Disbursement this Period<br>350.00             |
| City   | State<br>CA  |   |
| Purpose of Disbursement<br>GOOGLE ADS  | Category/<br>Type  | <b>Transaction ID : SB17.I59</b>                              |
| Candidate Name   |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: 00 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. GOOGLE</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 02 / 2013 |
| Mailing Address  |  | Amount of Each Disbursement this Period<br>1.00               |
| City   | State<br>CA  |   |
| Purpose of Disbursement<br>GOOGLE TEST   | Category/<br>Type  | <b>Transaction ID : SB17.I60</b>                              |
| Candidate Name   |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: 00 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHNSTON CONSULTING</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 18 / 2013 |
| Mailing Address 97 STATE STREET  |  | Amount of Each Disbursement this Period<br>5000.00            |
| City   | State<br>VT  |   |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING SERVICE  | Category/<br>Type  | <b>Transaction ID : SB17.I41</b>                              |
| Candidate Name   |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: 00 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5351.00 |
| <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:<br>(check only one)  | PAGE 27 OF 33 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHNSTON CONSULTING</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 01 / 2013                          |
| Mailing Address 97 STATE STREET  |   | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : SB17.I49</b> |
| City<br>MONTPELIER   | State<br>VT   |  |
| Zip Code<br>05602  | Purpose of Disbursement<br>FUNDRAISING CONSULTING   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District: 00   |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHNSTON CONSULTING</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 01 / 2013                         |
| Mailing Address 97 STATE STREET  |   | Amount of Each Disbursement this Period<br>620.00<br><b>Transaction ID : SB17.I56</b> |
| City<br>MONTPELIER   | State<br>VT   |   |
| Zip Code<br>05602  | Purpose of Disbursement<br>FUNDRAISING MAILING EXPENSE  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District: 00   |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MADISON STRATEGIC VENTURES</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2013                          |
| Mailing Address 8270 GREENSBORO DRIVE, SUITE 810   |   | Amount of Each Disbursement this Period<br>3000.00<br><b>Transaction ID : SB17.I46</b> |
| City<br>MCLEAN   | State<br>VA   |  |
| Zip Code<br>22102  | Purpose of Disbursement   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District: 00   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 6120.00 |
| <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:<br>(check only one)          |                                    | PAGE 28 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A. MAJORITY STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement MAILING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 03 / 01 / 2013

Amount of Each Disbursement this Period: 5701.20

Transaction ID : SB17.I61

**B. MAJORITY STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement MAILING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 03 / 06 / 2013

Amount of Each Disbursement this Period: 6032.22

Transaction ID : SB17.I62

**C. MAJORITY STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement MAILING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 03 / 14 / 2013

Amount of Each Disbursement this Period: 5174.23

Transaction ID : SB17.I63

**SUBTOTAL** of Disbursements This Page (optional) ..... 16907.65

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

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 29 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. NOVA</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 06 / 2013                         |
| Mailing Address 13755 SUNRISE VALLEY DRIVE<br>SUITE 450   |  | Amount of Each Disbursement this Period<br>834.41<br><b>Transaction ID : SB17.I64</b> |
| City HERNDON State VA Zip Code 20171                      | Purpose of Disbursement LIST RENTAL<br>Category/Type   |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District: 00                                       |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PIRYX</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 19 / 2013                         |
| Mailing Address 144 2ND STREET, 1ST FLOOR                  |  | Amount of Each Disbursement this Period<br>359.41<br><b>Transaction ID : SB17.I66</b> |
| City SAN FRANCISCO State CA Zip Code 94105                 | Purpose of Disbursement CREDIT CARD PROCESSING FEE<br>Category/Type  |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District: 00  |  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RIGHT ON STRATEGIES</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 18 / 2013                          |
| Mailing Address 373 S. WILLOW STREET                                     |   | Amount of Each Disbursement this Period<br>300.00<br><b>Transaction ID : SB17.I100</b> |
| City MANCHESTER State NH Zip Code 03103                                  | Purpose of Disbursement DIGITAL DESIGN FOR ADS<br>Category/Type 004   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District: 00  |   |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 834.41 |
| <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:<br>(check only one)  | PAGE 30 OF 33 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>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 Andy Patrick**

**A. RIGHT ON STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement  
AUTO CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 18 / 2013

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.I101

Category/Type: 004

**B. RIGHT ON STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement  
AUTOMATED CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 18 / 2013

Amount of Each Disbursement this Period: 220.00

Transaction ID : SB17.I37

Category/Type:

**C. RIGHT ON STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement  
ONLINE MARKETING AND GRAPHIC DESIGN

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 18 / 2013

Amount of Each Disbursement this Period: 1200.00

Transaction ID : SB17.I40

Category/Type:

**SUBTOTAL** of Disbursements This Page (optional) ..... 2920.00

**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:<br>(check only one)  | PAGE 31 OF 33 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A. RIGHT ON STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement TELEPHONE TOWN HALL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 17 / 2013

Amount of Each Disbursement this Period: 4000.00

Transaction ID : SB17.I47

**B. RIGHT ON STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 11 / 2013

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.I55

**C. RIGHTON STRATEGIES, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 373 SOUTH WILLOW STREET  
PMB 106

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 01 / 2013

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.I53

**SUBTOTAL** of Disbursements This Page (optional) ..... 10000.00

**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:<br>(check only one)          |                                    | PAGE 32 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. STAPLES</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 14 / 2013</b> |
| Mailing Address <b>1050 FORDING ISLAND ROAD</b>  |   | Amount of Each Disbursement this Period<br><b>23.86</b>              |
| City <b>BLUFFTON</b> State <b>SC</b> Zip Code <b>29910</b>   | Purpose of Disbursement<br><b>UPS OVERNIGHT</b> |  |
| Candidate Name   | Category/Type                                   | <b>Transaction ID : SB17.I43</b>                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |  |
| State: District: <b>00</b>   |   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. STAPLES</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 19 / 2013</b> |
| Mailing Address <b>1050 FORDING ISLAND ROAD</b>  |  | Amount of Each Disbursement this Period<br><b>89.03</b>              |
| City <b>BLUFFTON</b> State <b>SC</b> Zip Code <b>29910</b>   | Purpose of Disbursement<br><b>PRINTING</b> |  |
| Candidate Name   | Category/Type                              | <b>Transaction ID : SB17.I45</b>                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |  |
| State: District: <b>00</b>   |  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. USPS</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 13 / 2013</b> |
| Mailing Address  |   | Amount of Each Disbursement this Period<br><b>540.00</b>             |
| City <b>HILTON HEAD ISLAND</b> State <b>SC</b> Zip Code <b>29928</b>   | Purpose of Disbursement<br><b>POSTAGE</b> |  |
| Candidate Name   | Category/Type                             | <b>Transaction ID : SB17.I44</b>                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |  |
| State: District: <b>00</b>   |   |  |

|   |                 |
|---|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>652.89</b>   |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>54925.94</b> |

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Andy Patrick** Transaction ID : FEC1

|   |   |
|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Andy Patrick</b> | Election: 2013<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>71 Widewater Road  |   |

|                    |       |            |
|--------------------|-------|------------|
| City               | State | ZIP Code   |
| Hilton Head Island | SC    | 29926-2047 |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 3584.35                 | 0.00                       | 3584.35                                     |

**TERMS**

|                |                |               |   |
|----------------|----------------|---------------|---|
| Date Incurred  | Date Due       | Interest Rate | Secured:  |
| 02 / 27 / 2013 | 08 / 13 / 0702 | 0.00 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

|  |   |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |

|  |         |
|--|---------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | 3584.35 |
| <b>TOTALS</b> This Period (last page in this line only)..... | 3584.35 |

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