

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

TAYLOR GRIFFIN FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 3451

Check if different than previously reported. (ACC)

NEW BERN

NC

28564

2. **FEC IDENTIFICATION NUMBER** ▼

C C00550053

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

NC

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HENRY CLARK WARD

Signature of Treasurer HENRY CLARK WARD

[Electronically Filed]

Date

/ /

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TAYLOR GRIFFIN FOR CONGRESS

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 60650.00 | 316575.54 |
| (b) Total Contribution Refunds (from Line 20(d)) | 18225.00 | 19225.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 42425.00 | 297350.54 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 69331.22 | 296935.57 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 4.02 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 69331.22 | 296931.55 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 7418.99 | |
| 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)..... | 7500.00 | |

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

TAYLOR GRIFFIN FOR CONGRESS

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 45550.00 | 269610.54 |
| (ii) Unitemized..... | 550.00 | 8915.00 |
| (iii) TOTAL of contributions from individuals ▶ | 46100.00 | 278525.54 |
| (b) Political Party Committees..... | 50.00 | 50.00 |
| (c) Other Political Committees (such as PACs)..... | 14500.00 | 35500.00 |
| (d) The Candidate..... | 0.00 | 2500.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 60650.00 | 316575.54 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 7500.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 7500.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | | |
| | 0.00 | 4.02 |
| 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)..... ▶ | 60650.00 | 324079.56 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 69331.22 | 296935.57 |
| 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 | 18225.00 | 19225.00 |
| (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))..... | 18225.00 | 19225.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 500.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 87556.22 | 316660.57 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 34325.21 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 60650.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 94975.21 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 87556.22 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 7418.99 |

**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 31 |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DANNY DIAZ

Mailing Address 9911 OLEANDER AVE

City State Zip Code
VIENNA VA 22181

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

Name of Employer Occupation
FP1 STRATEGIES OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.544

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
SAM FOX

Mailing Address 7701 FORSYTH BLVD.
STE. 600

City State Zip Code
ST. LOUIS MO 63105

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.508

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 7701 FORSYTH BLVD.
STE. 600

City State Zip Code
ST. LOUIS MO 63105

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.509

Amount of Each Receipt this Period
 2600.00

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

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

5700.00

**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 31 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THEODORE H FRANK

Mailing Address 1302 WAUGH DR.
#830

City HOUSTON State TX Zip Code 77019

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11AI.507

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
O K HOGAN

Mailing Address 316 JOAN CT.

City BEAUFORT State NC Zip Code 28516

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

Name of Employer MIKELS & JONES PROPERTIES Occupation COMMERCIAL REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA11AI.534

Amount of Each Receipt this Period
500.00

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

Mailing Address 31 TREGUNTER RD

City LONDON State SW109 Zip Code SW109

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

Name of Employer ELLIOTT ADVISORS Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.574

Amount of Each Receipt this Period
2600.00

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

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

3600.00

**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 31 |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAY NEWMAN

Mailing Address **40 W 57TH ST**

City **NEW YORK** State **NY** Zip Code **10019**

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

Name of Employer **ELLIOTT MANAGEMENT** Occupation **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.573

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
ED O'CALLAGHAN

Mailing Address **32 RICHBELL RD**

City **WHITE PLAINS** State **NY** Zip Code **10605**

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

Name of Employer **CLIFFORD CHANCE US LLP** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.545

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN F PHELPS

Mailing Address **2106 COLONY PLAZA**

City **JACKSONVILLE** State **NC** Zip Code **28546**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.533

Amount of Each Receipt this Period
500.00

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

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

3350.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 31 |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BATSHEVA ROBERTS

Mailing Address PO BOX 18

City LAKEWOOD State NJ Zip Code 08701

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

Name of Employer NONE Occupation STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.560

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
BATSHEVA ROBERTS

Mailing Address PO BOX 18

City LAKEWOOD State NJ Zip Code 08701

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

Name of Employer NONE Occupation STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.561

Amount of Each Receipt this Period
2600.00

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

Mailing Address PO BOX 18

City LAKEWOOD State NJ Zip Code 08701

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

Name of Employer NONE Occupation STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.562

Amount of Each Receipt this Period
2600.00

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

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

7800.00

**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 31 |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|---|-----------------------|--|
| Full Name (Last, First, Middle Initial) RIVKA ROBERTS | | Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address PO BOX 18 | | Transaction ID : SA11AI.563 |
| City LAKEWOOD | State NJ | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 |
| Name of Employer NONE | Occupation STUDENT | Election Cycle-to-Date 5200.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|-----------------------|--|
| Full Name (Last, First, Middle Initial) RICHARD H ROBERTS M.D. | | Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address PO BOX 18 | | Transaction ID : SA11AI.564 |
| City LAKEWOOD | State NJ | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 |
| Name of Employer NONE | Occupation RETIRED | Election Cycle-to-Date 5200.00 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|-----------------------|--|
| Full Name (Last, First, Middle Initial) RICHARD H ROBERTS M.D. | | Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address PO BOX 18 | | Transaction ID : SA11AI.565 |
| City LAKEWOOD | State NJ | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 |
| Name of Employer NONE | Occupation RETIRED | Election Cycle-to-Date 5200.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 7800.00 |
| 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 31 |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Yael Roberts

Mailing Address PO BOX 18

City LAKEWOOD State NJ Zip Code 08701

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

Name of Employer NONE Occupation STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.566

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Yael Roberts

Mailing Address PO BOX 18

City LAKEWOOD State NJ Zip Code 08701

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

Name of Employer NONE Occupation STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.567

Amount of Each Receipt this Period
2600.00

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

Mailing Address PO BOX 18

City LAKEWOOD State NJ Zip Code 08701

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.568

Amount of Each Receipt this Period
2600.00

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

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

7800.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 31 |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DVORAH ROBERTS

Mailing Address **PO BOX 18**

City **LAKEWOOD** State **NJ** Zip Code **08701**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.569

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
STACY SCHUSTERMAN

Mailing Address **PO BOX 699**

City **TULSA** State **OK** Zip Code **74101**

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

Name of Employer **SAMSON ENERGY COMPANY** Occupation **CHAIRMAN AND CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11AI.595

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MEL F SEMBLER

Mailing Address **5858 CENTRAL AVE.**

City **ST. PETERSBURG** State **FL** Zip Code **33707**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11AI.510

Amount of Each Receipt this Period
1000.00

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

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

6200.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 31 |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ERIC SMITH

Mailing Address **2311 CRESCENT AVE**

City **CHARLOTTE** State **NC** Zip Code **28207**

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

Name of Employer **STANDARD PACIFIC HOMES** Occupation **DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.536

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
STEPHEN SPRUIELL

Mailing Address **1520 YORK AVE.
#21H**

City **NEW YORK** State **NY** Zip Code **10028**

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

Name of Employer **ELLIOTT MANAGEMENT** Occupation **GOVERNMENT AFFAIRS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.524

Amount of Each Receipt this Period
1000.00

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

Mailing Address **128 SKIMMER WAY**

City **DUCK** State **NC** Zip Code **27949**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.535

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 31 |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HENRY WARD

Mailing Address 2209 BREEZE RD

City State Zip Code
RALEIGH NC 27608

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

Name of Employer Occupation
YORK PROPERTIES LLC COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.543

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LAWRENCE A WATTS JR.

Mailing Address 204 A HICKORY ST.

City State Zip Code
GREENVILLE NC 27858

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.511

Amount of Each Receipt this Period
300.00

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

Mailing Address 2104 CHILTON

City State Zip Code
HOUSTON TX 77019

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.575

Amount of Each Receipt this Period
1000.00

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

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

1800.00

45550.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 31 |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAUL KENT

Mailing Address **PO BOX 1492**

City **LEANDER** State **TX** Zip Code **78646**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11B.557

Amount of Each Receipt this Period
50.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

50.00

50.00

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

| | | | |
|---|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 31 |
| <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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CATERPILLAR EMPLOYEES PAC

Mailing Address 100 NE ADAMS ST

City Peoria State IL Zip Code 61629

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11C.583

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
CITIGROUP PAC-FEDERAL

Mailing Address 1101 PENNSYLVANIA AVE NW STE 1000

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00008474

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : SA11C.552

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 600 14TH STREET, NW SUITE 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11C.512

Amount of Each Receipt this Period
 5000.00

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

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

9500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 31 |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SARAH PAC

Mailing Address **PO BOX 7711**

City **ARLINGTON** State **VA** Zip Code **22207**

FEC ID number of contributing federal political committee. **C C00458588**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11C.549

Amount of Each Receipt this Period

5000.00

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

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

Amount of Each Receipt this Period

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D 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).....

5000.00

14500.00

**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 17 OF 31 | |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | | | |
|---|--|----------------------|---|--|
| Full Name (Last, First, Middle Initial) A. ALPHAGRAPHICS | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014 | |
| Mailing Address 301 ASHVILLE AVE SUITE 121 | | | Amount of Each Disbursement this Period 6104.97 | |
| City CARY | State NC | Zip Code 27518 | Transaction ID : SB17.603 | |
| Purpose of Disbursement PRINTING | | Category/Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|----------------------|---|--|
| Full Name (Last, First, Middle Initial) B. ANEDOT | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014 | |
| Mailing Address 5555 HILTON AVE STE 106 | | | Amount of Each Disbursement this Period 203.40 | |
| City BATON ROGUE | State LA | Zip Code 70808 | Transaction ID : SB17.605 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|----------------------|---|--|
| Full Name (Last, First, Middle Initial) C. ADAM CALDWELL | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 | |
| Mailing Address 419 BEASLEY DRIVE APT T-2 | | | Amount of Each Disbursement this Period 500.00 | |
| City GREENVILLE | State NC | Zip Code 27834 | Transaction ID : SB17.602 | |
| Purpose of Disbursement FIELD CONSULTING | | Category/Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6808.37 |
| 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 18 OF 31 | | | |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. CAMPAIGN GENERAL | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014 | |
| Mailing Address PO BOX 2057 | | | Amount of Each Disbursement this Period 10000.00 | |
| City BEAUFORT | State NC | Zip Code 28516 | Transaction ID : SB17.529 | |
| Purpose of Disbursement STRATEGY CONSULTING | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. CAPTAIN RATTY'S | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014 | |
| Mailing Address 202 MIDDLE STREET | | | Amount of Each Disbursement this Period 41.10 | |
| City NEW BERN | State NC | Zip Code 28560 | Transaction ID : SB17.578 | |
| Purpose of Disbursement MEETING EXPENSE | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. ELECTEK | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014 | |
| Mailing Address 4017 WASHINGTON ROAD STE 164 | | | Amount of Each Disbursement this Period 700.00 | |
| City CANNONSBURG | State PA | Zip Code 15317 | Transaction ID : SB17.597 | |
| Purpose of Disbursement COMPLIANCE SOFTWARE | | 001 Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 10741.10 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 31 |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ELECTEK | | Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014 |
| Mailing Address 4017 WASHINGTON ROAD STE 164 | | Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.598 |
| City CANNONSBURG State PA Zip Code 15317 | Purpose of Disbursement COMPLIANCE SOFTWARE Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. EMILY LAWRENCE | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 110 WYNDHAM CIRCLE APT M | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.582 |
| City GREENVILLE State NC Zip Code 27858 | Purpose of Disbursement ADMINISTRATIVE CONSULTING Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. MAJORITY STRATEGIES | | Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014 |
| Mailing Address 135 PROFESSIONAL DRIVE STE 104 | | Amount of Each Disbursement this Period 7516.60 Transaction ID : SB17.532 |
| City PONTE VEDRA BEACH State FL Zip Code 32082 | Purpose of Disbursement DIRECT MAIL Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8416.60 |
| 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 20 OF 31 | |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. MAJORITY STRATEGIES | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014 |
| Mailing Address 135 PROFESSIONAL DRIVE STE 104 | | Amount of Each Disbursement this Period 8130.55 Transaction ID : SB17.539 |
| City PONTE VEDRA BEACH | State FL | |
| Zip Code 32082 | Purpose of Disbursement MEDIA BUY | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. MAJORITY STRATEGIES | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014 |
| Mailing Address 135 PROFESSIONAL DRIVE STE 104 | | Amount of Each Disbursement this Period 36.75 Transaction ID : SB17.540 |
| City PONTE VEDRA BEACH | State FL | |
| Zip Code 32082 | Purpose of Disbursement TRAVEL EXPENSE NO ITEMIZATION NECESSARY | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. MAJORITY STRATEGIES | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014 |
| Mailing Address 135 PROFESSIONAL DRIVE STE 104 | | Amount of Each Disbursement this Period 10309.95 Transaction ID : SB17.587 |
| City PONTE VEDRA BEACH | State FL | |
| Zip Code 32082 | Purpose of Disbursement MEDIA CONSULTING | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 18477.25 |
| 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 21 OF 31 | | |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. MAJORITY STRATEGIES | | Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014 |
| Mailing Address 135 PROFESSIONAL DRIVE STE 104 | | Amount of Each Disbursement this Period 10023.52 Transaction ID : SB17.599 |
| City PONTE VEDRA BEACH | State FL | |
| Zip Code 32082 | Purpose of Disbursement MEDIA CONSULTING | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. NATIONBUILDER | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014 |
| Mailing Address 448 S HILL ST STE 200 | | Amount of Each Disbursement this Period 149.00 Transaction ID : SB17.541 |
| City LOS ANGELES | State CA | |
| Zip Code 90013 | Purpose of Disbursement WEBSITE MAINTENANCE | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. NATIONBUILDER | | Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014 |
| Mailing Address 448 S HILL ST STE 200 | | Amount of Each Disbursement this Period 114.71 Transaction ID : SB17.607 |
| City LOS ANGELES | State CA | |
| Zip Code 90013 | Purpose of Disbursement WEBSITE MAINTENANCE | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 10287.23 |
| 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 22 OF 31 | |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NATIONBUILDER | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014 |
| Mailing Address 448 S HILL ST STE 200 | | Amount of Each Disbursement this Period 149.00 Transaction ID : SB17.596 |
| City LOS ANGELES State CA Zip Code 90013 | Purpose of Disbursement WEBSITE MAINTENANCE 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. PATTON BOGGS | | Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014 |
| Mailing Address 2445 M ST NW | | Amount of Each Disbursement this Period 5993.94 Transaction ID : SB17.601 |
| City WASHINGTON State DC Zip Code 20037 | Purpose of Disbursement LEGAL FEES 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. PIRYX INC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014 |
| Mailing Address 144 2ND ST 1ST FLOOR | | Amount of Each Disbursement this Period 18.71 Transaction ID : SB17.513 |
| City SAN FRANCISCO State CA Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6161.65 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 23 OF 31 | |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. PIRYX INC | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014 | |
| Mailing Address 144 2ND ST 1ST FLOOR | | | Amount of Each Disbursement this Period 57.50 | |
| City SAN FRANCISCO | State CA | Zip Code 94105 | Transaction ID : SB17.527 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. PIRYX INC | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014 | |
| Mailing Address 144 2ND ST 1ST FLOOR | | | Amount of Each Disbursement this Period 5.75 | |
| City SAN FRANCISCO | State CA | Zip Code 94105 | Transaction ID : SB17.526 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. PIRYX INC | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014 | |
| Mailing Address 144 2ND ST 1ST FLOOR | | | Amount of Each Disbursement this Period 28.75 | |
| City SAN FRANCISCO | State CA | Zip Code 94105 | Transaction ID : SB17.538 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: _____ | District: _____ | | | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 92.00 |
| 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 24 OF 31 | |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. PIRYX INC | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2014 |
| Mailing Address 144 2ND ST 1ST FLOOR | | Amount of Each Disbursement this Period 28.76 Transaction ID : SB17.537 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. PIRYX INC | | Date of Disbursement MM / DD / YYYY 05 / 01 / 2014 |
| Mailing Address 144 2ND ST 1ST FLOOR | | Amount of Each Disbursement this Period 73.32 Transaction ID : SB17.547 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. PIRYX INC | | Date of Disbursement MM / DD / YYYY 05 / 02 / 2014 |
| Mailing Address 144 2ND ST 1ST FLOOR | | Amount of Each Disbursement this Period 8.62 Transaction ID : SB17.556 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 110.70 |
| 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 25 OF 31 | |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. PIRYX INC | | Date of Disbursement MM / DD / YYYY 05 / 03 / 2014 |
| Mailing Address 144 2ND ST 1ST FLOOR | | Amount of Each Disbursement this Period 5.76 Transaction ID : SB17.559 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. PIRYX INC | | Date of Disbursement MM / DD / YYYY 05 / 05 / 2014 |
| Mailing Address 144 2ND ST 1ST FLOOR | | Amount of Each Disbursement this Period 7.19 Transaction ID : SB17.572 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. PIRYX INC | | Date of Disbursement MM / DD / YYYY 05 / 06 / 2014 |
| Mailing Address 144 2ND ST 1ST FLOOR | | Amount of Each Disbursement this Period 57.50 Transaction ID : SB17.576 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 70.45 |
| 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 26 OF 31 | |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. PIRYX INC | | Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 |
| Mailing Address 144 2ND ST 1ST FLOOR | | Amount of Each Disbursement this Period 23.56 Transaction ID : SB17.604 |
| City SAN FRANCISCO | State CA | |
| Zip Code 94105 | Purpose of Disbursement CC TRANSACTION FEES | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2014 |
| Mailing Address 2470 DANIELS BRIDGE RD #121 | | Amount of Each Disbursement this Period 1514.28 Transaction ID : SB17.600 |
| City ATHENS | State GA | |
| Zip Code 30606 | Purpose of Disbursement COMPLIANCE CONSULTING | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. PUSH DIGITAL | | Date of Disbursement MM / DD / YYYY 04 / 21 / 2014 |
| Mailing Address 1202 MAIN ST SUITE C | | Amount of Each Disbursement this Period 1900.00 Transaction ID : SB17.523 |
| City COLUMBIA | State SC | |
| Zip Code 29201 | Purpose of Disbursement MEDIA BUY | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3437.84 |
| 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 27 OF 31 | |
| | <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)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. PUSH DIGITAL | | Date of Disbursement MM / DD / YYYY 05 / 04 / 2014 |
| Mailing Address 1202 MAIN ST SUITE C | | Amount of Each Disbursement this Period 4413.16 Transaction ID : SB17.586 |
| City COLUMBIA State SC Zip Code 29201 | Purpose of Disbursement MEDIA CONSULTING Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. UPS STORE | | Date of Disbursement MM / DD / YYYY 05 / 06 / 2014 |
| Mailing Address 1822 S GLENBURNIE RD | | Amount of Each Disbursement this Period 36.00 Transaction ID : SB17.581 |
| City NEW BERN State NC Zip Code 28562 | Purpose of Disbursement SHIPPING Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement MM / DD / YYYY 05 / 01 / 2014 |
| Mailing Address 1620 OLD CHERRY POINT RD | | Amount of Each Disbursement this Period 10.87 Transaction ID : SB17.551 |
| City NEW BERN State NC Zip Code 28560 | Purpose of Disbursement POSTAGE Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4460.03 |
| TOTAL This Period (last page this line number only)..... | 69063.22 |

**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 28 OF 31 | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. SARA BERMAN | | Date of Disbursement MM / DD / YYYY 05 / 17 / 2014 |
| Mailing Address 162 E 92ND ST | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.593 |
| City NEW YORK | State NY | |
| Zip Code 10128 | Purpose of Disbursement CONTRIBUTION REFUND | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. TERRY J KASSEL | | Date of Disbursement MM / DD / YYYY 05 / 17 / 2014 |
| Mailing Address 44 W 77TH ST. APT. 12E | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.594 |
| City NEW YORK | State NY | |
| Zip Code 10024 | Purpose of Disbursement CONTRIBUTION REFUND | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. BARRY OBAMA | | Date of Disbursement MM / DD / YYYY 05 / 08 / 2014 |
| Mailing Address 4217 N TRAIL | | Amount of Each Disbursement this Period 25.00 Transaction ID : SB20A.585 |
| City KANSAS CITY | State KS | |
| Zip Code 66109 | Purpose of Disbursement CONTRIBUTION REFUND | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5225.00 |
| 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 29 OF 31 | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. BATSHEVA ROBERTS | | Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014 |
| Mailing Address PO BOX 18 | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.591 |
| City LAKEWOOD State NJ Zip Code 08701 | Purpose of Disbursement CONTRIBUTION REFUND Category/Type 010 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. RIVKA ROBERTS | | Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014 |
| Mailing Address PO BOX 18 | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.592 |
| City LAKEWOOD State NJ Zip Code 08701 | Purpose of Disbursement CONTRIBUTION REFUND Category/Type 010 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. RICHARD H ROBERTS M.D. | | Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014 |
| Mailing Address PO BOX 18 | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.589 |
| City LAKEWOOD State NJ Zip Code 08701 | Purpose of Disbursement CONTRIBUTION REFUND Category/Type 010 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 7800.00 |
| 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 30 OF 31 | |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. YAEL ROBERTS | | Date of Disbursement MM / DD / YYYY 05 / 17 / 2014 |
| Mailing Address PO BOX 18 | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.588 |
| City LAKEWOOD | State NJ Zip Code 08701 | |
| Purpose of Disbursement CONTRIBUTION REFUND | Category/Type 010 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. DVORAH ROBERTS | | Date of Disbursement MM / DD / YYYY 05 / 17 / 2014 |
| Mailing Address PO BOX 18 | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.590 |
| City LAKEWOOD | State NJ Zip Code 08701 | |
| Purpose of Disbursement CONTRIBUTION REFUND | Category/Type 010 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5200.00 |
| TOTAL This Period (last page this line number only)..... | 18225.00 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **TAYLOR GRIFFIN FOR CONGRESS** Transaction ID : **SC/10.221**

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

Mailing Address
6113 HARBOURSIDE DRIVE

City State ZIP Code
NEW BERN NC 28560

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 7500.00 | 0.00 | 7500.00 |

TERMS

Date Incurred: M 12 / D 31 / Y 2013
Date Due: M / D / Y 12/31/2027
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) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 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)..... | 7500.00 |
| TOTALS This Period (last page in this line only)..... | 7500.00 |

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